

Fiscal Years 2003 - 2005

# *State Plan on Aging*

**ILLINOIS  
Department  
on Aging**

Governor Rod R. Blagojevich

Director Charles D. Johnson



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# **PART I**

## **INTRODUCTION**

# **INTRODUCTION**

## **PURPOSE OF THE STATE PLAN ON AGING**

The three-year Illinois State Plan on Aging is the planning document that the Illinois Department on Aging produces to guide Older Americans Act-related programmatic activities and services for older adults, family caregivers and grandparents raising grandchildren. The Plan establishes priorities and identifies Department on Aging initiatives in fulfilling its overall mission to serve and advocate for older Illinoisans and their caregivers.

In order to be eligible to receive funds under Title III of the Older Americans Act, Section 307 of the Act requires the State to submit to the Administration on Aging (AoA) a State Plan on Aging which meets the criteria established by AoA through federal regulations. Each State agency has been afforded the opportunity by AoA to develop its own format for the State Plan and to determine the effective duration of the Plan (i.e., two, three, or four years).

The Illinois Department on Aging has elected to develop a three-year plan which follows by one year the planning cycle established for Illinois' Area Agencies on Aging in the development and administration of their Area Plans.

## **OLDER AMERICANS ACT TITLE CLASSIFICATIONS**

The 2000 amendments to the Older Americans Act included a five-year reauthorization, and maintained the original 10 objectives aimed at preserving the rights and dignity of our nation's older citizens. The amendments streamlined, consolidated and granted more flexibility to State Units on Aging and Area Agencies on Aging in developing comprehensive and coordinated service systems.

The amendments retained the targeting provisions for older adults in greatest economic and social need with special attention to minorities, and added a new focus on older individuals residing in rural areas. The amendments also retained priority services, thereby maintaining emphasis on access, in-home, and legal services. The addition of the National Family Caregiver Support Program provided a means of addressing the growing needs of caregivers and grandparents raising grandchildren.

The State Plan on Aging represents planning commitments by the State regarding Title III (Grants for State and Community Programs on Aging) and Title VII (Vulnerable Elder Rights Protection Activities) of the Older Americans Act. The following services are funded under Title III and Title VII.

### **Title III-B Supportive Services and Senior Centers**

- ★ **Access Services** - Case Management, Assisted Transportation, Individual Needs Assessment, Information & Assistance, Outreach, and Transportation.
- ★ **In-Home Services** - Adult Day Care, Chore Housekeeping, Friendly Visiting, Home Health, Homemaker, Respite, and Telephone Reassurance.
- ★ **Community Services** - Counseling, Education, Employment Assistance, Legal Assistance, Multipurpose Senior Center, and Recreation.

### **Title III-C Nutrition Services**

Under Title III-C-1, the Department on Aging is allotted funds for congregate nutrition services. Congregate meals are served in group settings such as senior centers, schools, churches, or other community settings. Title III-C-1 funds may also be used to provide nutrition education and other appropriate nutrition services for older persons.

Under Title III-C-2, the Department on Aging is allotted funds for Home Delivered Meal nutrition services. Home Delivered Meals are delivered to homebound older persons. Title III-C-2 funds may also be used to provide nutrition education and other appropriate nutrition services for older persons.

### **Title III-D Disease Prevention and Health Promotion Services**

These funds are used for a variety of health related services at the local level often in conjunction with local health departments. Programs include routine health screening, mental health screening, gerontological counseling, medication management, home injury control, physical fitness and health risk assessments.

### **Title III-E National Family Caregiver Support Program**

The Family Caregiver program provides five basic services to family caregivers of older adults and grandparents raising grandchildren, including: information about services; assistance in accessing services; counseling, support groups and training/education; respite care; and, supplemental services.

### **Title VII Vulnerable Elder Rights Protection Activities**

Title VII establishes programs to carry out vulnerable elder rights protection activities. The programs involved are the Long Term Care Ombudsman Program, elder abuse prevention activities and the legal assistance development program.



## **PART II**

# **THE AGING NETWORK IN ILLINOIS**

# THE AGING NETWORK IN ILLINOIS

## THE ILLINOIS DEPARTMENT ON AGING

The Illinois Department on Aging was created by the State Legislature in 1973 for the purpose of improving the quality of life for Illinois' senior citizens by coordinating programs and services enabling older persons to preserve their independence as long as possible. It is the single State agency in Illinois authorized to receive and dispense Federal Older Americans Act funds, as well as specific State funds, through Area Agencies on Aging and community-based service providers.

The legislative mandate of the Illinois Department on Aging is to provide a comprehensive and coordinated service system for the State's approximately two million older persons, giving high priority to those in greatest need; to conduct studies and research into the needs and problems of the elderly; and to ensure participation by older persons in the planning and operation of all phases of the system. In fulfilling its mission, the Department on Aging responds to the dynamic needs of society's aging population through a variety of activities including:

- ◆ Planning, implementing and monitoring integrated service systems;
- ◆ Coordinating and assisting the efforts of local community agencies;
- ◆ Advocating for the needs of the State's elderly population; and
- ◆ Cooperating with Federal, State, local and other agencies of government in developing programs and initiatives.

The Illinois Department on Aging's administrative structure reflects the major areas of activity required to fulfill the agency's legislative mandate and overall mission. In addition to the Office of the Director, the other organizational units in the Department are the Division of Communications and Training, the Division of General Services, the Division of Long Term Care, the Division of Older American Services and the Division of Community Services and Intergenerational Programs.

The **Office of the Director** provides leadership in administering Department programs, promulgates rules, assures effective management and acts as a visible advocate for Illinois' older persons. Specific functions include establishment of policy, analysis of management operations, legal counsel, internal audit review, legislative liaison and civil rights monitoring. The Department's Chicago Office in the James R. Thompson Center promotes the maintenance of close linkages with the metro media, as well as with major agencies, organizations, and companies concerned with the needs of seniors in the metropolitan area.

The **Division of Communications and Training** is responsible for media and community relations; public information, publications, graphics and printing; advocacy initiatives that promote and respond to the special needs of older people and their families; statewide training for the aging network, special projects and staff development.

The **Division of General Services** plans, develops and manages agency-wide processes for data processing, accounting and office support services. Data processing and accounting services implement the programs administered by the Department, and office support provides personnel, payroll and budgeting services to the Department.

The **Division of Long Term Care** plans, develops and manages the daily operations of the statewide Community Care Program to ensure the effective and efficient delivery of services to prevent or delay inappropriate institutionalization. The Division also works with other state agencies to create a continuum of long term care services in the State of Illinois.

The **Division of Older American Services** plans, develops, and manages a community-based social support and nutrition service delivery system through a network of thirteen (13) Area Agencies on Aging in order to meet the needs of the state's non-institutionalized senior citizens and family caregivers of older adults who reside in both the community and nursing home. Funding for these services is received from Title III and Title VII of the Older Americans Act and from State General Revenue Funds. The Division is also responsible for ensuring elder rights through the implementation of the Elder Abuse and Neglect Program and the statewide Long Term Care Ombudsman Program.

The **Division of Community Services and Intergenerational Programs** is responsible for the management of a variety of Departmental intergenerational activities, as well as the following programs: Grandparents Raising Grandchildren, Talented Older Persons in Schools (TOPS), Intergenerational Programs, Retired Senior Volunteer Program (RSVP), Foster Grandparent Program and coordination of activities related to the Department's "Senior HelpLine," **1-800-252-8966**.

## **ILLINOIS COUNCIL ON AGING**

The Illinois Act on the Aging mandates that the Department on Aging establish and maintain a state level advisory body to concern itself with supporting the well-being of senior citizens in Illinois. The Illinois Council on Aging was created to promote advocacy on behalf of senior citizens in response to the Illinois Act on the Aging. The Council works with the Director of the Illinois Department on Aging, as well as Area Agencies on Aging, service providers, and advocate groups to help improve the lives of senior citizens. The Council also provides guidance to the Governor and the General Assembly by advising them on the concerns, problems, and services provided to the elderly in our State.

Duties of the Illinois Council on Aging, as specified in State law, include review and comment on the State Plan on Aging prepared by the Department; review and comment on disbursement by the Department of public funds to provider agencies; preparation and

submittal to the Governor, the General Assembly, and to the Director an annual report on programs and services for the elderly; recommending candidates to the Governor for the appointment of the Director for the Department on Aging; consulting with the Director regarding operations of the Department; and conducting public hearings and generally representing the interests of older persons in Illinois.

Twenty-three citizen members on the Council are chosen by the Governor. They represent all parts of the State and reflect the economic, ethnic, sexual, racial, rural and urban characteristics of the people age 60 years and older in Illinois. Of these men and women, the majority are over the age of 60.

At this time, eight additional Legislative members representing the Illinois Senate and House are also serving on the Council. These members have been appointed by the President of the Senate and Speaker of the House, respectively.

## **AREA AGENCIES ON AGING**

The State of Illinois is divided into 13 Planning and Service Areas (PSAs). There is one Area Agency on Aging designated by the Department on Aging located within each Planning and Service Area. In Illinois, twelve (12) not-for-profit agencies and one unit of local government serve as Area Agencies on Aging. Each Area Agency on Aging is responsible for planning, coordinating, and advocating for the development of a comprehensive and coordinated system of services for the elderly and caregivers within the boundaries of the individual Planning and Service Area.

The Illinois Department on Aging, in accordance with the Older Americans Act, has decentralized the planning process by delegating planning responsibilities to the Area Agencies on Aging. This assures that programs developed by, and services funded by, the Area Agencies on Aging are integrated into the three-year planning cycle followed by the Department on Aging. This cycle begins with an assessment of the needs of local older adults, family caregivers and grandparents raising grandchildren for services. Through a process of public hearings, surveys, research and the assistance of the Area Agencies' advisory council, these needs are ranked in order of importance and matched with available resources.

The proposed funding distribution, budget, and other planning information are then incorporated into an Area Plan on Aging following a format prepared by the Department on Aging. Also, included in the plan is an outline of proposed Area Agency on Aging activities for the coming years. Following public hearings on the proposed Area Plan, the Plan is submitted to the Department on Aging for review and approval. Area Agencies on Aging are permitted to amend their Area Plans annually in response to changing needs, priorities and funds available. Federal Older Americans Act and State General Revenue funds are allocated to the Area Agencies on Aging upon approval of the Area Plan or Area Plan annual amendments by the Department on Aging.

The Area Agencies on Aging in Illinois are not, as a rule, direct service providers. They contract with local providers for services that have been identified as needs through the planning process. The Area Agencies on Aging are responsible for monitoring, evaluating, planning for services, and providing technical assistance as needed. In addition, the Area Agencies on Aging function as advocates for older persons and are the primary disseminators of information relating to aging issues within their respective Planning and Service Areas.

## **SERVICE PROVIDERS**

Community-based service providers also represent a key segment of the Aging Network in Illinois because they provide the programs and direct services to older persons.

Case Coordination Units (CCUs), created in 1983, function as gatekeepers to the State long term care system by coordinating and integrating community-based long term care services available throughout the entire aging network for and on behalf of frail and vulnerable older persons. Approximately fifty (50) agencies, including senior centers, health departments, visiting nurse associations, and social service agencies, have been designated as CCUs. Case managers, employed by CCUs, assess older persons' needs, determine eligibility for specified services, develop case plans with the consent of the older person or their family, coordinate service delivery and generally manage service needs on a regular basis. The CCUs are supported through a combination of State general revenue funds and Title III federal funds.

The direct service delivery system consists of agencies funded with Title III and State funds through the Area Agencies on Aging and funded through the Department on Aging with Community Care Program funds. Many agencies receive both Title III and Community Care Program funding. Services provided by Community Care Program vendors are homemaker, adult day, and senior companion. Title III providers offer a wide range of home and community-based services.

During FY 2003, it is estimated that more than 571,000 older adults, family caregivers and grandparents raising grandchildren will be served by approximately 60 nutrition and 200 social service agencies under Title III of the Older Americans Act. These services include information and assistance, outreach, case management, congregate meals, home delivered meals, transportation, legal assistance, respite care, home health, residential repair, senior center activities and health promotion and disease prevention.

In FY 2003, more than 3.5 million congregate meals will be served to approximately 87,000 older persons at 625 meal sites located throughout the State. Approximately 46,000 homebound elderly will receive an estimated 7.4 million home delivered meals.

The new National Family Caregiver Support Program provides a core of services to family caregivers of elderly adults and grandparents/older adults raising grandchildren/children. These services include information, counseling and respite services. The Area Agencies

on Aging are mandated to develop and implement Family Caregiver Resource Centers that can serve as a local point of entry to a broad range of services to caregiving families. The Family Caregiver Resource Centers have the capacity to provide access to information, training, support groups, counseling, resource libraries, respite care and supplemental services to family caregivers and grandparents raising grandchildren. By the end of FY 2001, the Aging Network established more than 100 Caregiver Resource Centers in Illinois. In FY 2003, it is estimated that more than 96,000 family caregivers and grandparents/older adults raising grandchildren/children will be served.

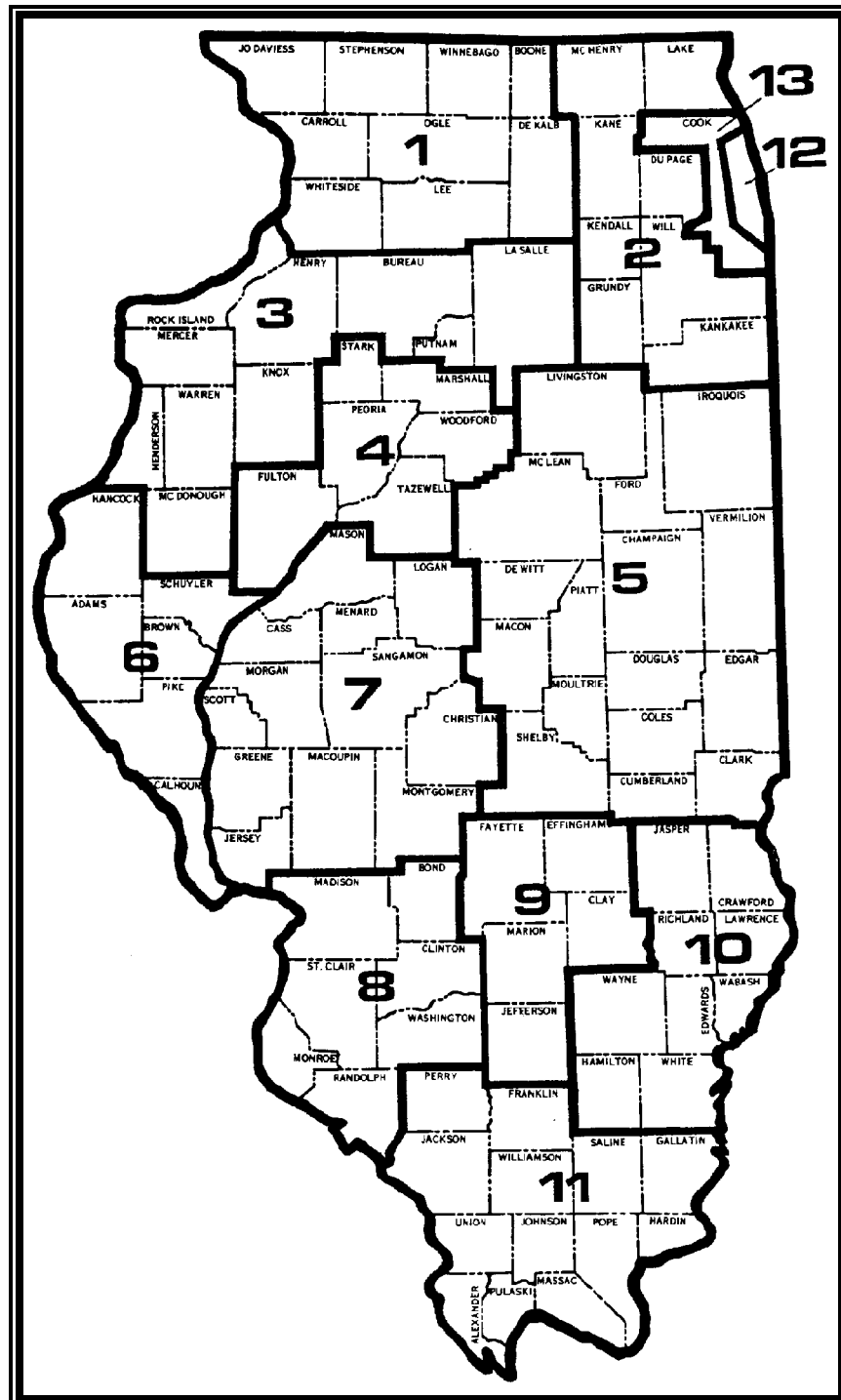
Elder Abuse and Neglect Program services have been available throughout Illinois since April 1, 1991. The state legislative mandate directs the Department on Aging to administer an intervention program in response to reports of alleged elder abuse, neglect and exploitation of older adults who live at home. The Elder Abuse and Neglect Program is locally coordinated through 45 provider agencies that conduct investigations and work with older adults in resolving abusive situations. In FY 2003, it is estimated that the Elder Abuse and Neglect Program will receive approximately 7,940 reports of abuse, neglect and exploitation.

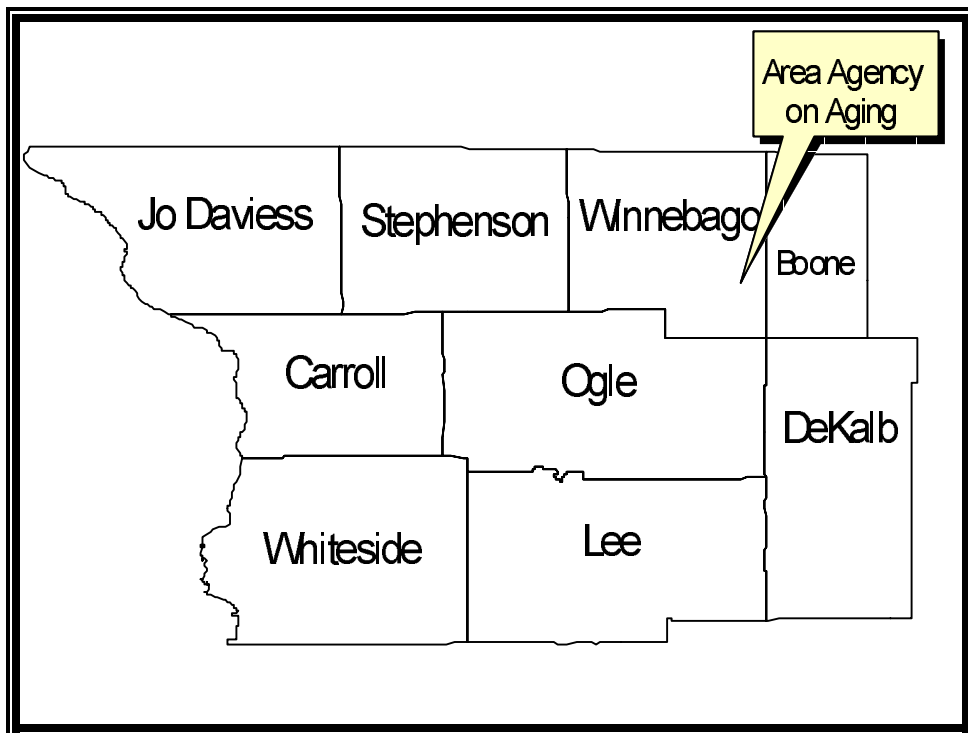
As mandated by the federal Older Americans Act and the Illinois Act on the Aging, the Long Term Care Ombudsman Program advocates for residents of licensed long term care facilities. Quality resident care and residents' rights are top priorities for the Department on Aging, Area Agencies on Aging and 17 regional LTC Ombudsman Programs. Illinois has 124,388 licensed beds in 1,242 long term care facilities. In FY 2003, it is estimated that the LTC Ombudsman Program will receive approximately 6,000 complaints and respond to 22,000 inquiries from nursing home residents, family members, and LTC facility staff.

**PART III**

**DESIGNATED  
PLANNING & SERVICE AREAS  
AND  
AREA AGENCIES ON AGING**

# PLANNING AND SERVICE AREAS IN ILLINOIS





## PLANNING AND SERVICE AREA 01

**Northwestern Illinois  
Area Agency on Aging**

2576 Charles Street  
Rockford, IL 61108  
(815) 226-4901  
FAX: (815) 226-8984

Web: [www.nwilaaa.org](http://www.nwilaaa.org)

Executive Director:  
Janet B. Ellis

### Census 2000 Characteristics

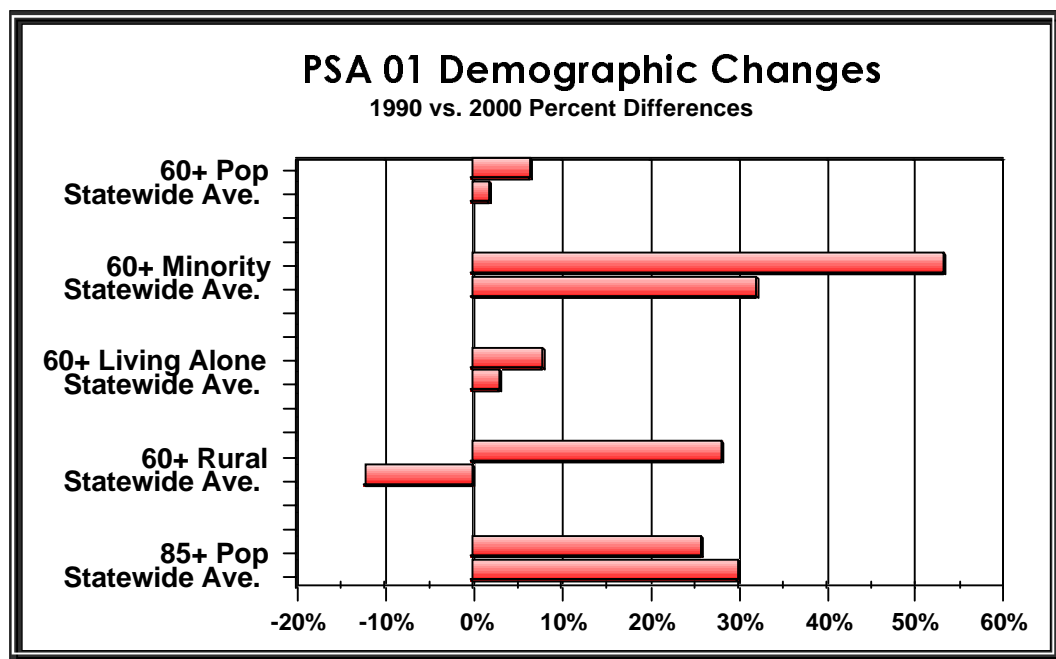
60+ Pop  
111,373

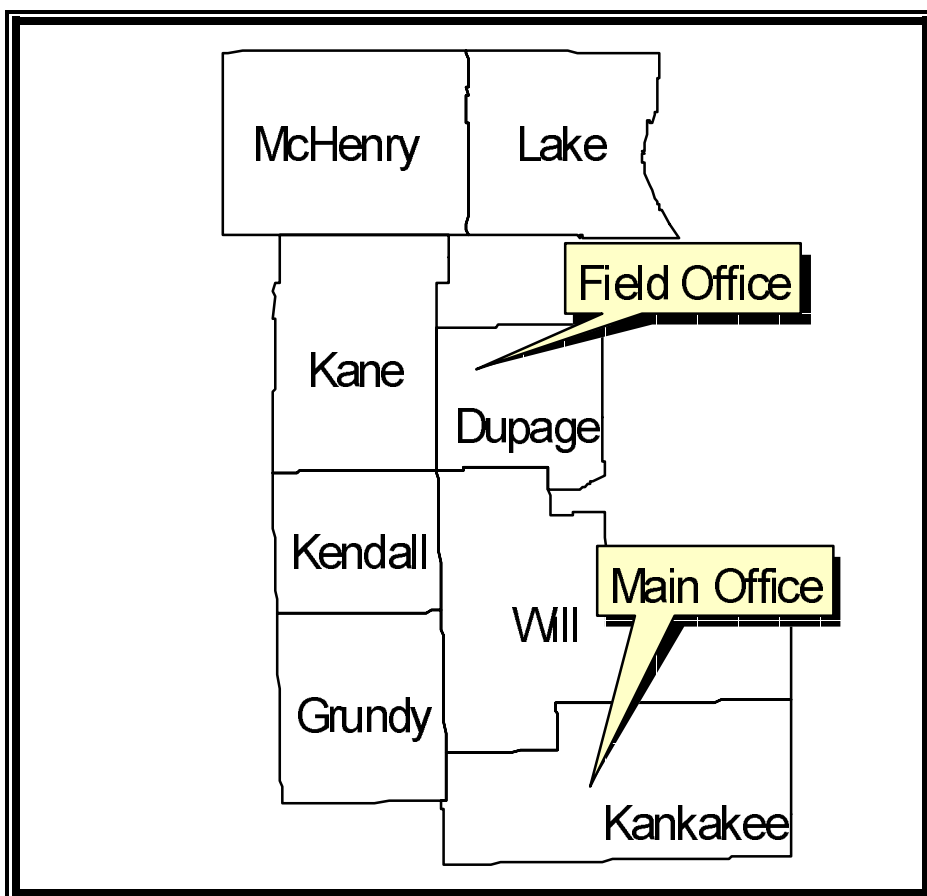
60+ Minority  
6,043

60+ Living Alone  
28,781

60+ Rural  
47,907

85+ Pop  
11,016





## PLANNING AND SERVICE AREA 02

### Northeastern Illinois Area Agency on Aging

Main Office: Kankakee  
Community College  
River Road, West Campus-Bldg 5,  
Kankakee, IL 60901  
(815) 939-0727  
(800) 528-2000  
FAX: (815) 939-0022

Field Office: 245 West  
Roosevelt Road,  
Bldg 6, Suites 41-43,  
West Chicago, IL 60185  
(630) 293-5990

Web: [www.ageguide.org](http://www.ageguide.org)

Executive Director:  
Lucia West Jones

### Census 2000 Characteristics

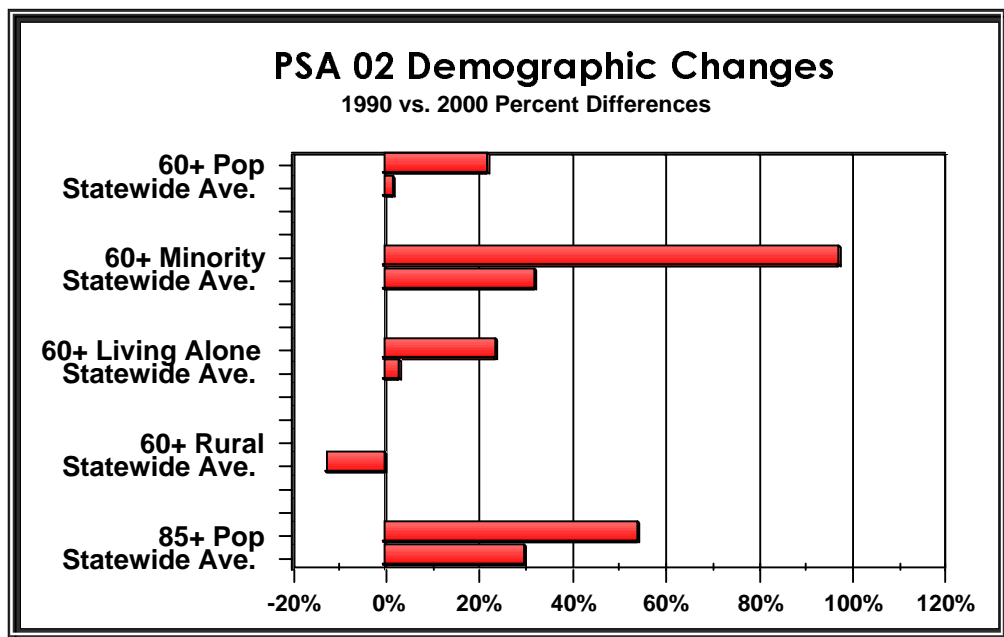
60+ Pop  
356,592

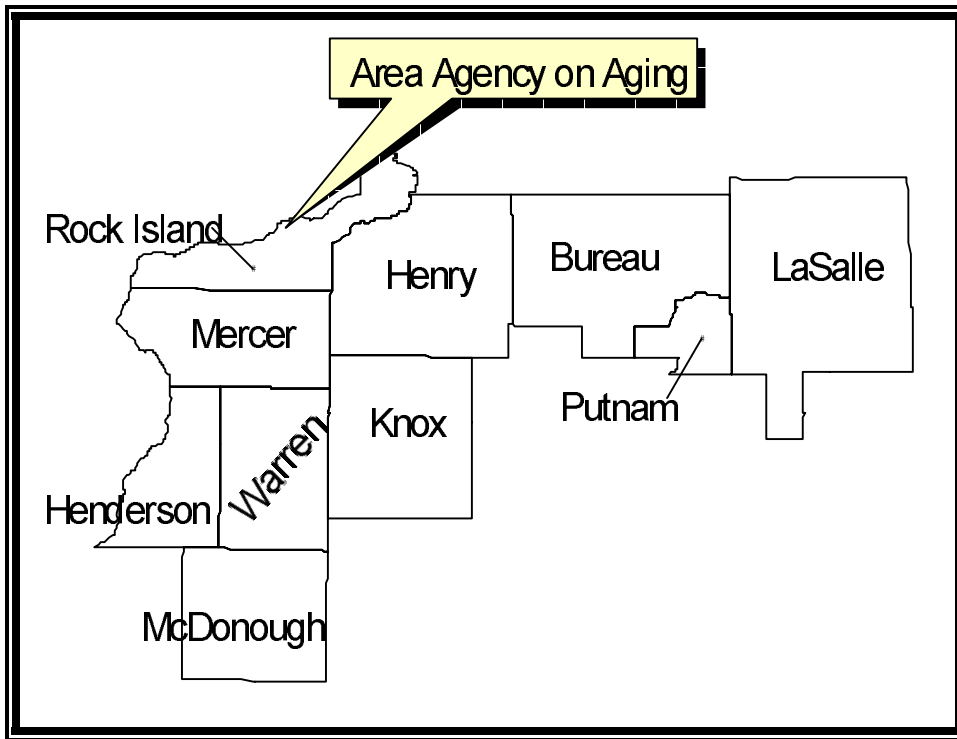
60+ Minority  
35,538

60+ Living Alone  
78,739

60+ Rural  
N/A

85+ Pop  
31,789





**PLANNING AND SERVICE  
AREA 03**

**Western Illinois  
Area Agency on Aging**

729 - 34th Avenue  
Rock Island, IL 61201-5950  
(309) 793-6800  
(800) 322-1051  
FAX: (309) 793-6807

Web: [www.wiaaa.org](http://www.wiaaa.org)

Executive Director:  
Greta Brooks

**Census 2000  
Characteristics**

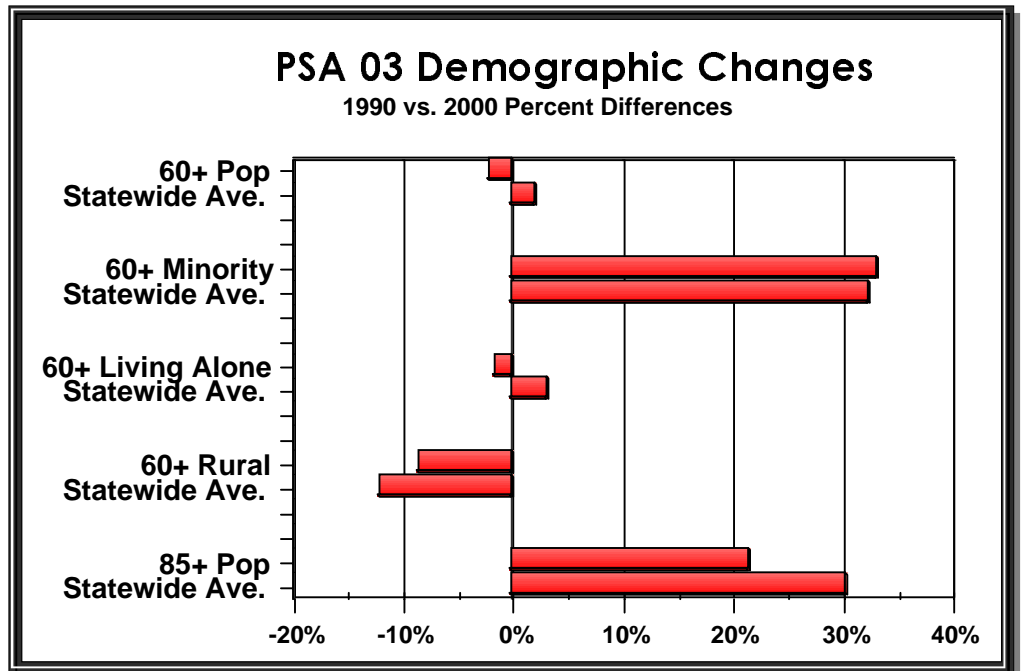
60+ Pop  
99,574

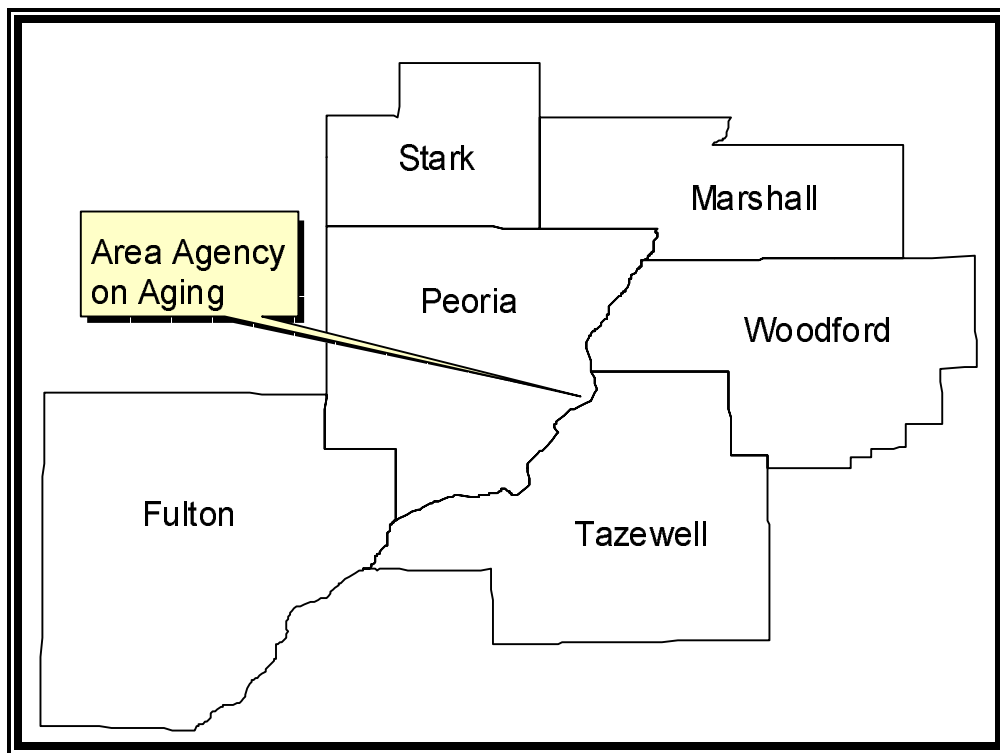
60+ Minority  
4,012

60+ Living Alone  
28,549

60+ Rural  
56,327

85+ Pop  
11,040





## PLANNING AND SERVICE AREA 04

**Central Illinois  
Agency on Aging, Inc.**

700 Hamilton Blvd  
Peoria, IL 61603  
(309) 674-2071  
FAX: (309) 674-3639

Executive Director:  
Joanne Thomas

### Census 2000 Characteristics

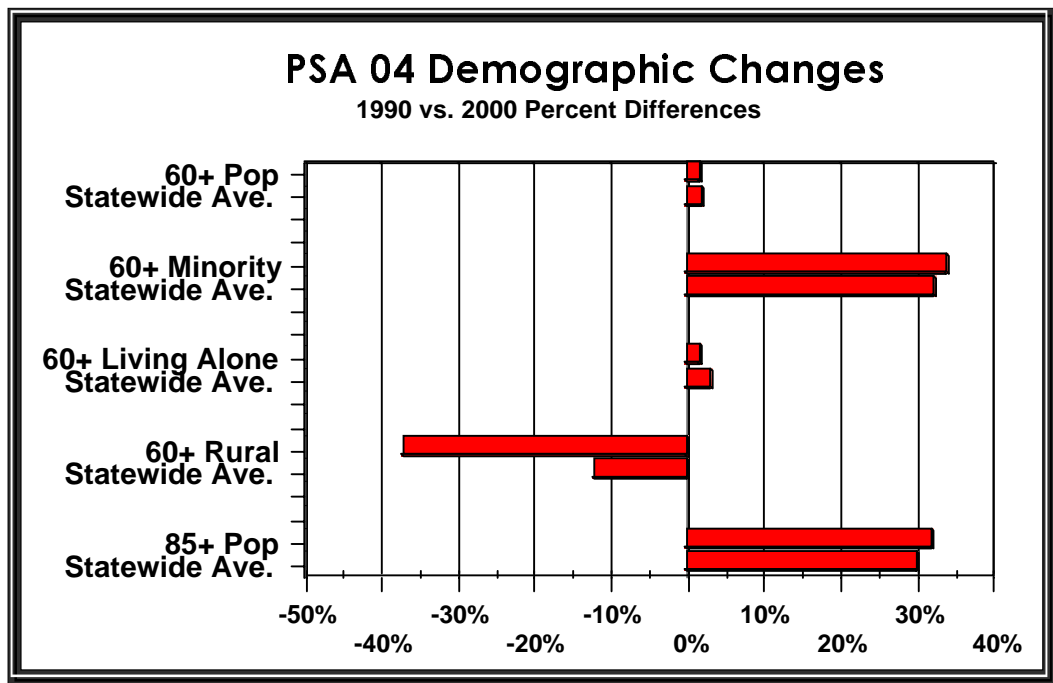
60+ Pop  
77,981

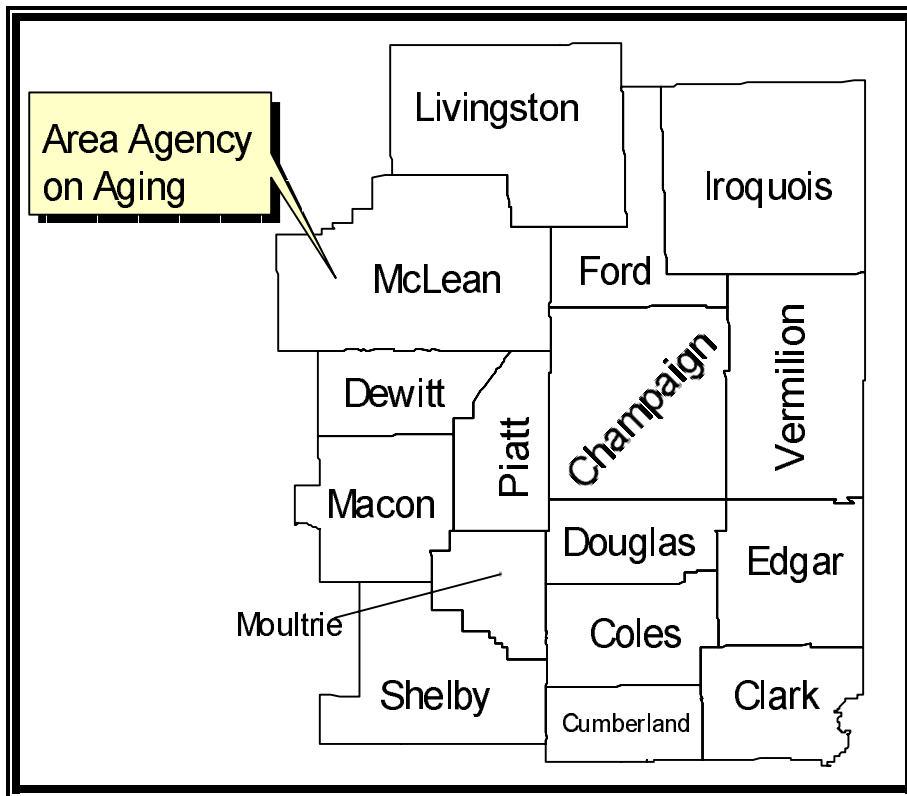
60+ Minority  
3,566

60+ Living Alone  
20,591

60+ Rural  
8,793

85+ Pop  
8,480





## PLANNING AND SERVICE AREA 05

East Central Illinois  
Area Agency on Aging, Inc.

1003 Maple Hill Road  
Bloomington, IL 61704  
(309) 829-2065  
(800) 888-4456  
FAX: (309) 829-6021

Web: [www.eciaaa.org](http://www.eciaaa.org)

Executive Director:  
Michael J. O'Donnell

### Census 2000 Characteristics

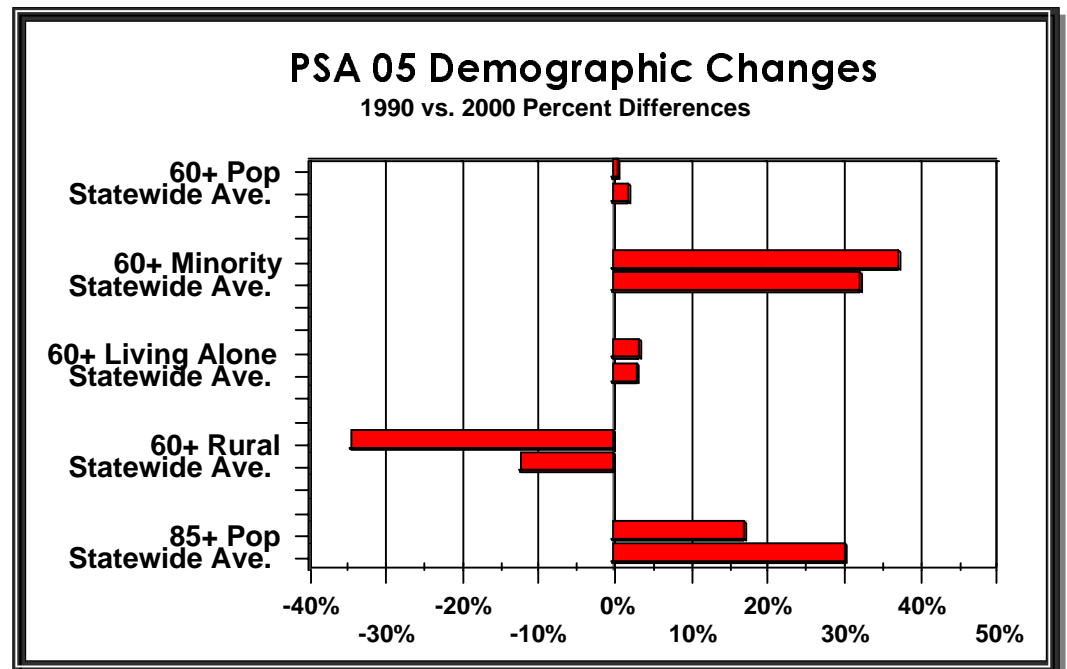
60+ Pop  
138,592

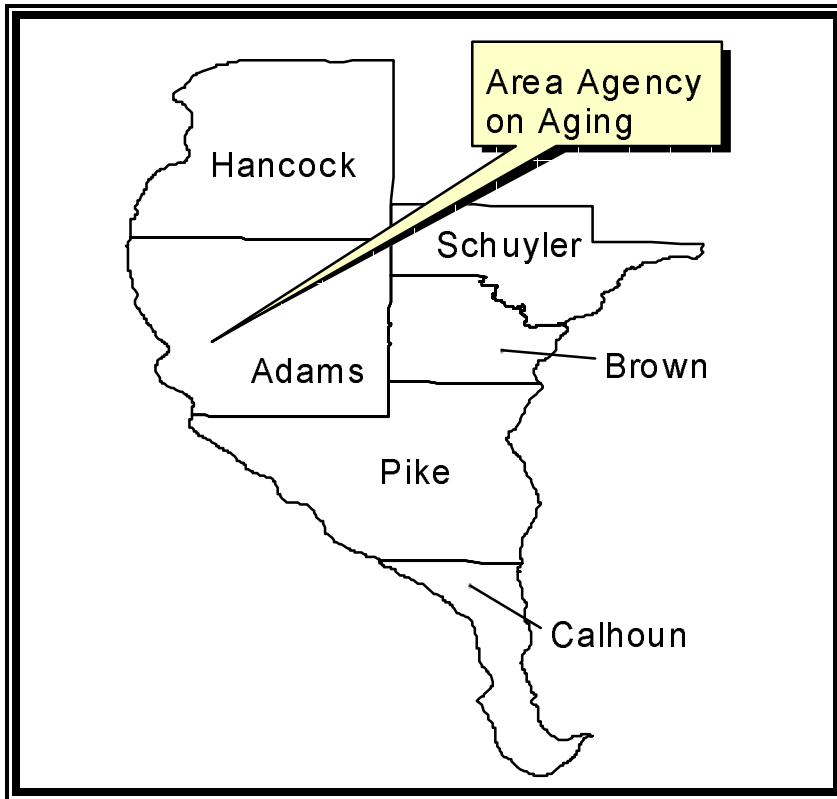
60+ Minority  
6,700

60+ Living Alone  
38,963

60+ Rural  
50,269

85+ Pop  
14,597





## PLANNING AND SERVICE AREA 06

### West Central Illinois Area Agency on Aging

Street Address &  
Mailing Address:  
639 York Street, Room 205  
P.O. Box 428  
Quincy, IL 62301  
(217) 223-7904  
(800) 252-9027  
FAX: (217) 222-1220

Executive Director:  
Lynn Niewohner

### Census 2000 Characteristics

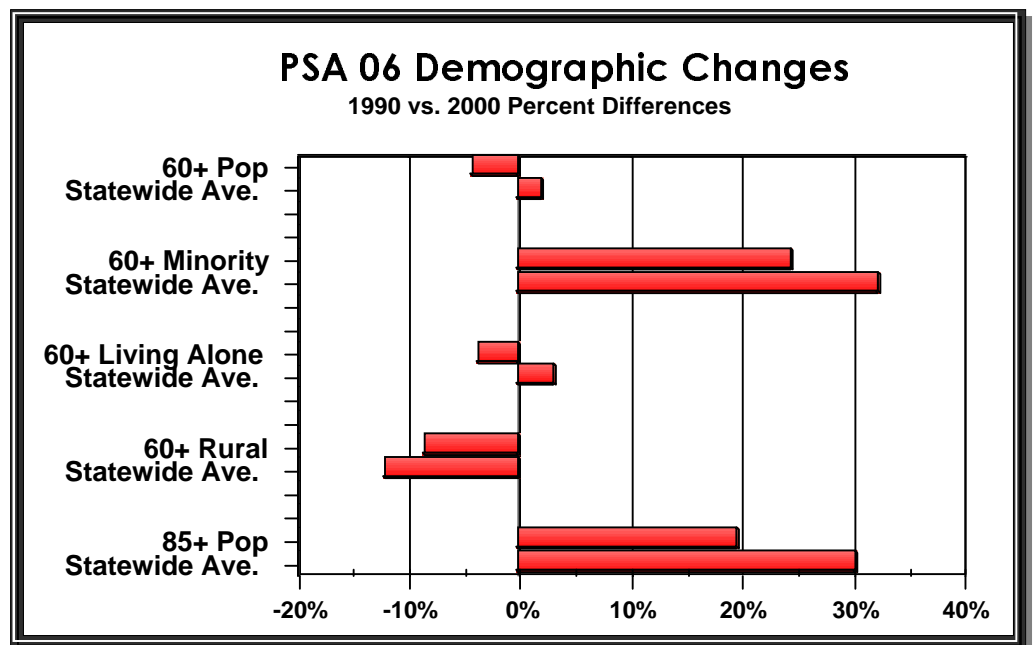
60+ Pop  
27,852

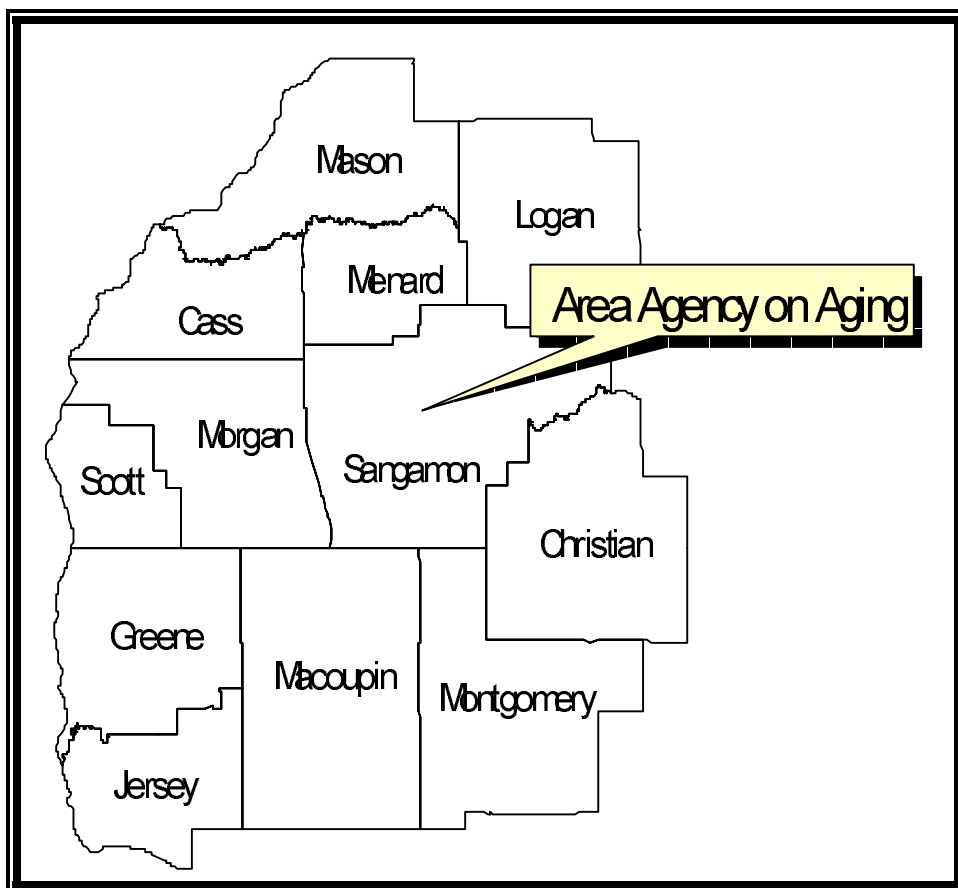
60+ Minority  
459

60+ Living Alone  
7,640

60+ Rural  
26,603

85+ Pop  
3,496





## PLANNING AND SERVICE AREA 07

**Project LIFE Area  
Agency on Aging, Inc.**

2141 West White Oaks Drive,  
Suite C  
Springfield, IL 62704  
(217) 787-9234  
(800) 252-2918  
FAX: (217) 787-6290

Web: [www.seniorsprojectlife.org](http://www.seniorsprojectlife.org)

Executive Director:  
Julie Hubbard

### Census 2000 Characteristics

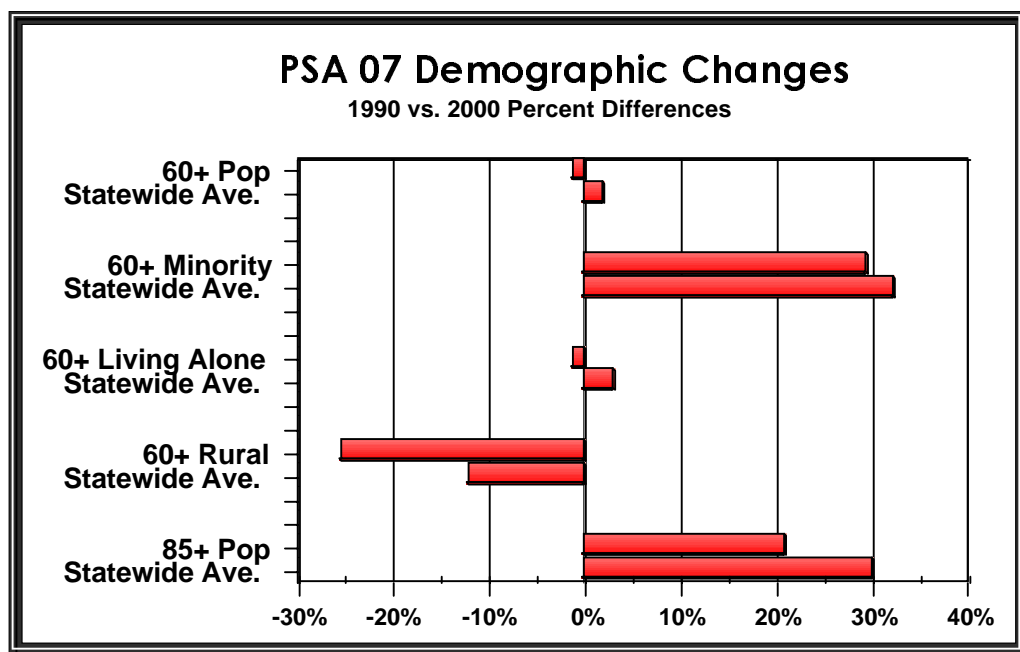
60+ Pop  
88,517

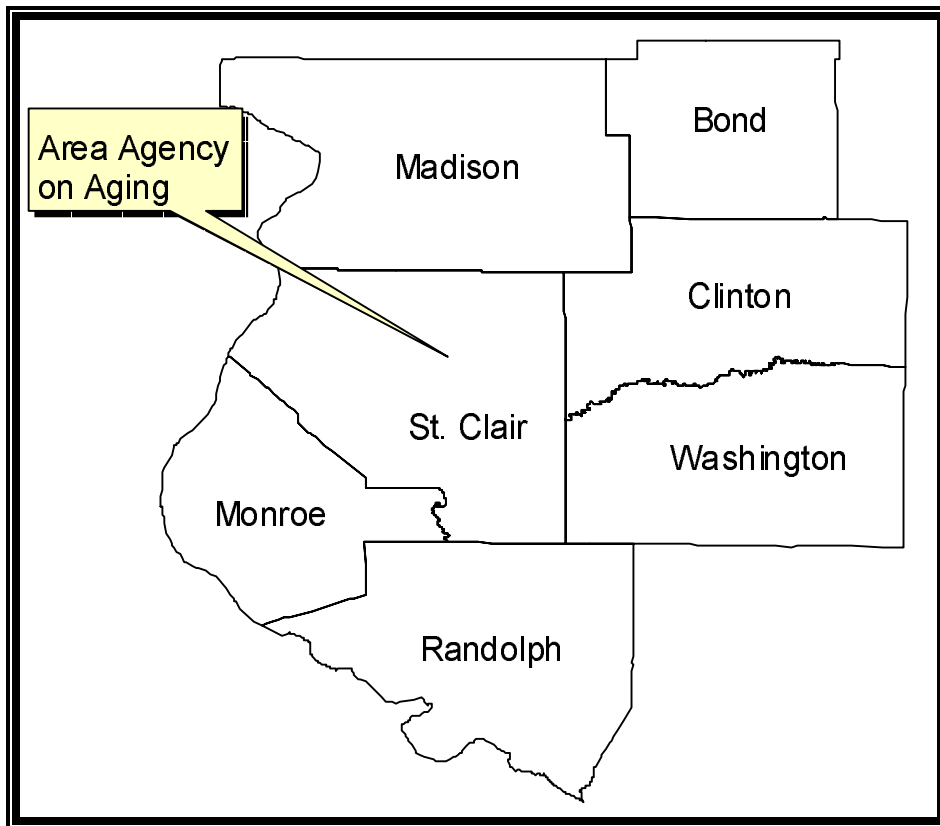
60+ Minority  
2,893

60+ Living Alone  
25,500

60+ Rural  
38,326

85+ Pop  
10,075





## PLANNING AND SERVICE AREA 08

### Area Agency on Aging of Southwestern Illinois

2365 Country Road  
Belleville, IL 62221

(618) 222-2561

(800) 326-3221

FAX: (618) 222-2567

Web: [www.answersonaging.com](http://www.answersonaging.com)

Chief Executive Officer:  
Joy Paeth

### Census 2000 Characteristics

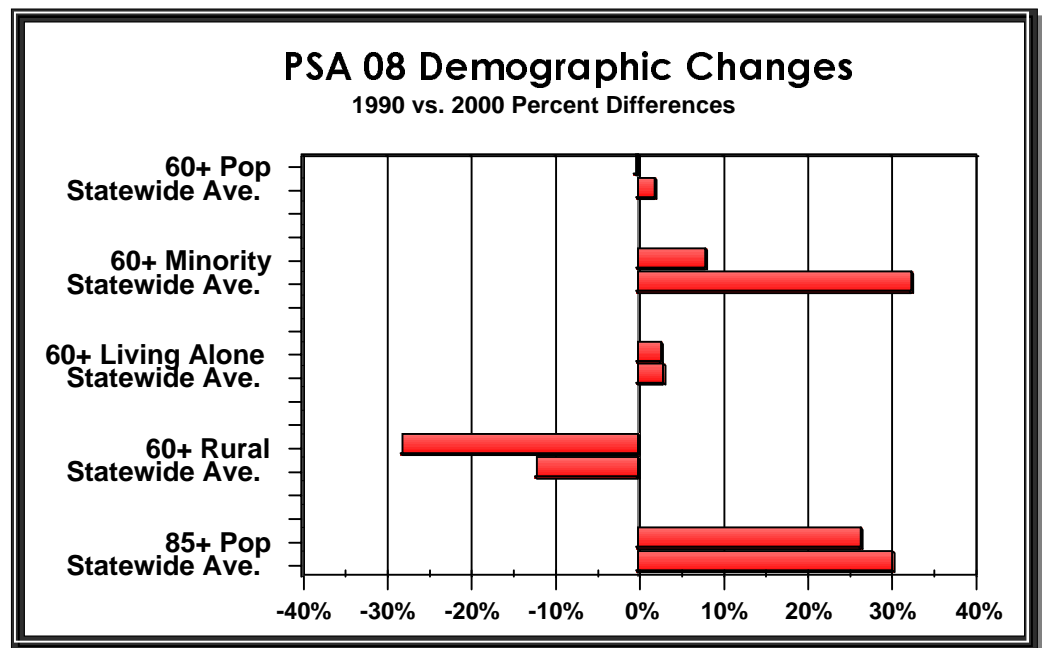
60+ Pop  
115,268

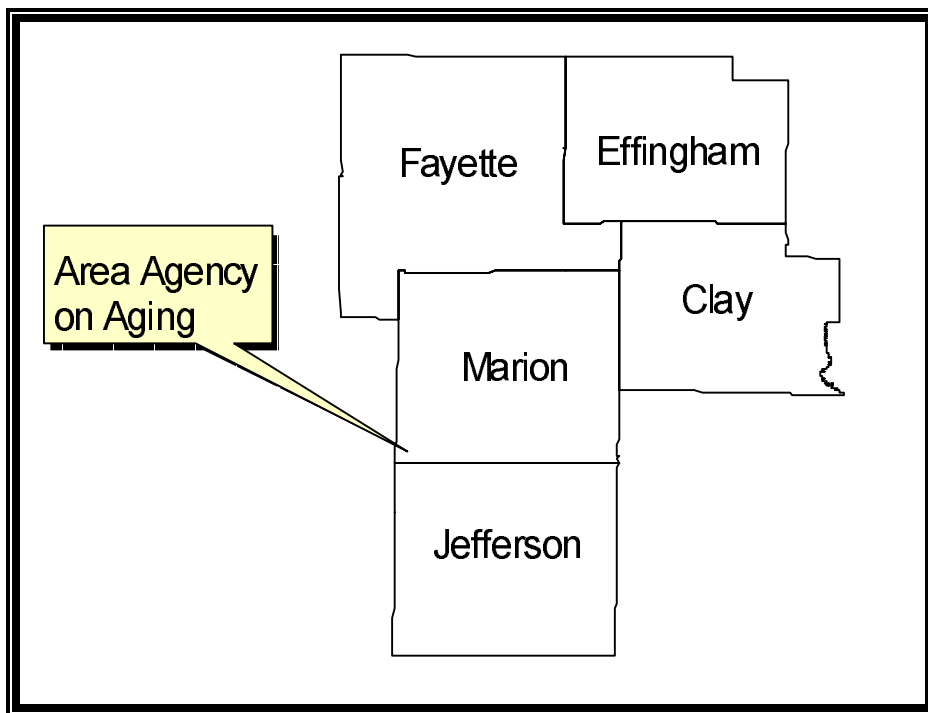
60+ Minority  
12,582

60+ Living Alone  
31,212

60+ Rural  
9,891

85+ Pop  
11,410





**PLANNING AND SERVICE  
AREA 09**

**Midland Area  
Agency on Aging**

P. O. Box 1420  
Centralia, IL 62801  
(618) 532-1853  
FAX: (618) 532-5259

Web: [www.midlandaaa.org](http://www.midlandaaa.org)

Executive Director:  
Deborah M. Kuiken

**Census 2000  
Characteristics**

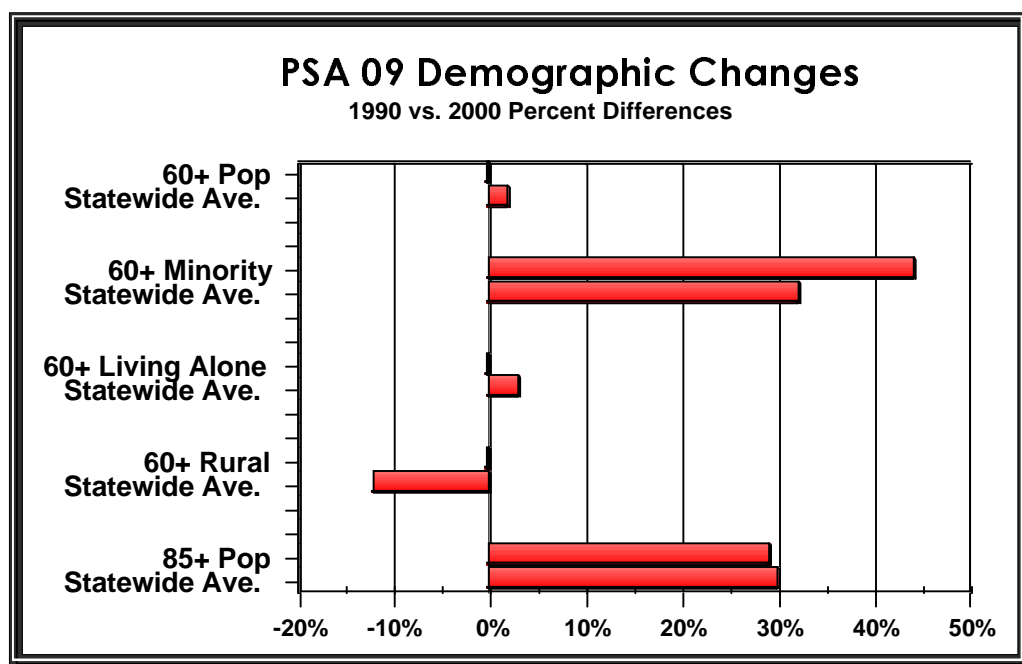
60+ Pop  
30,783

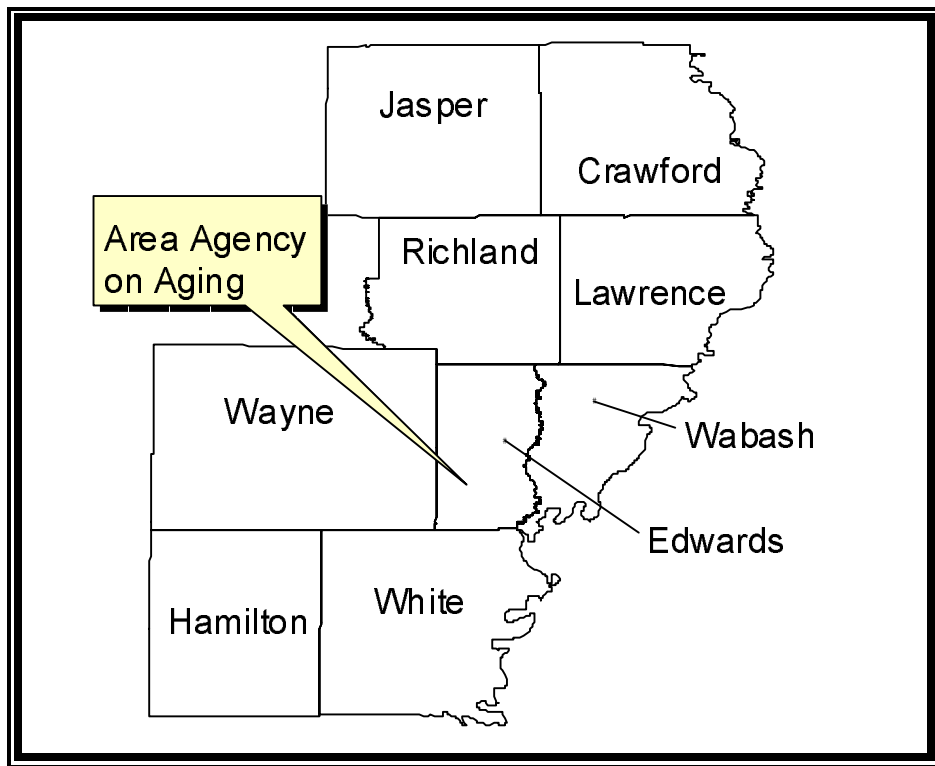
60+ Minority  
841

60+ Living Alone  
8,803

60+ Rural  
30,783

85+ Pop  
3,626





## PLANNING AND SERVICE AREA 10

**Southeastern Illinois  
Area Agency on Aging, Inc.**

516 Market Street  
Mt. Carmel, IL 62863  
(618) 262-2306  
(800) 635-8544  
FAX: (618) 262-4967

Executive Director:  
Yvonne Hutchings

### Census 2000 Characteristics

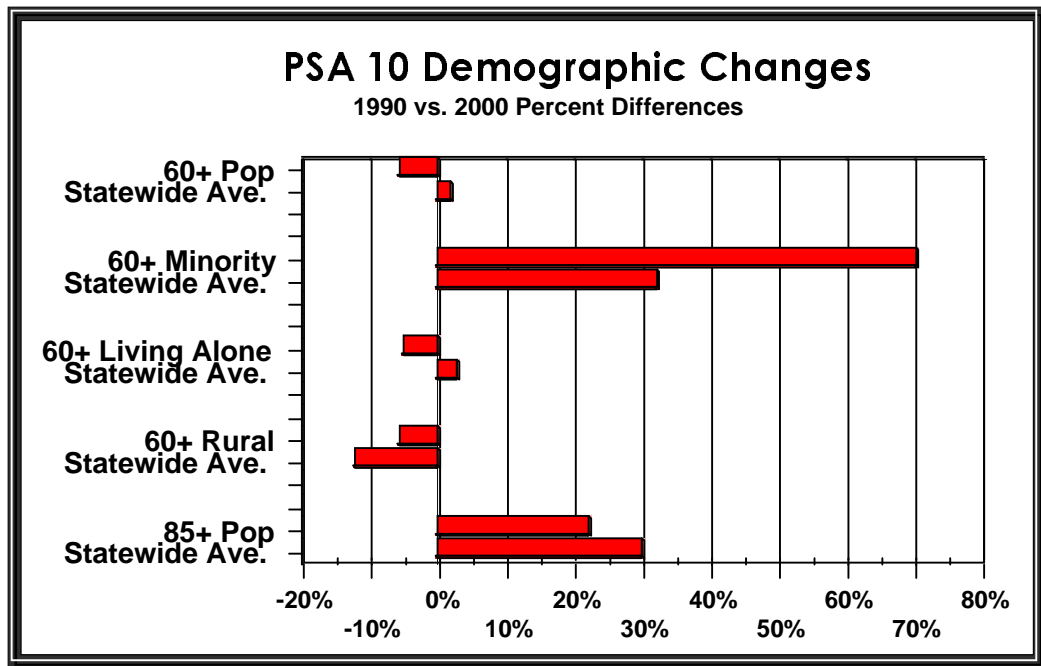
60+ Pop  
28,695

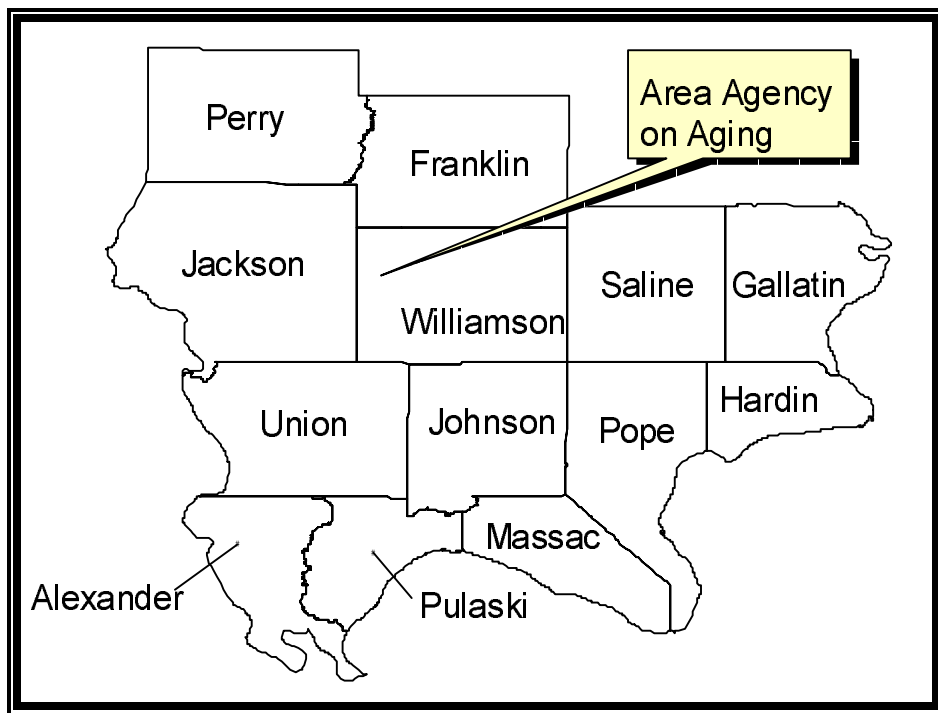
60+ Minority  
308

60+ Living Alone  
8,263

60+ Rural  
28,695

85+ Pop  
3,468





## PLANNING AND SERVICE AREA 11

**Egyptian Area Agency  
on Aging, Inc.**

200 East Plaza Drive  
Carterville, IL 62918  
(618) 985-8311  
FAX: (618) 985-8315

Web: [www.egyptianaaa.org](http://www.egyptianaaa.org)

Executive Director:  
John M. Smith

### Census 2000 Characteristics

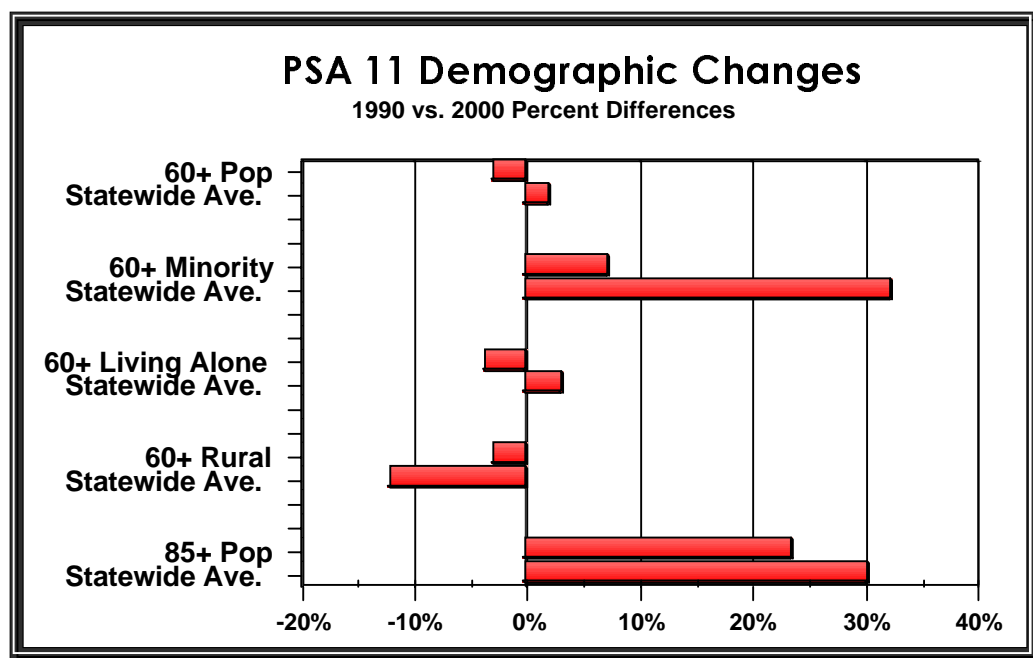
60+ Pop  
59,199

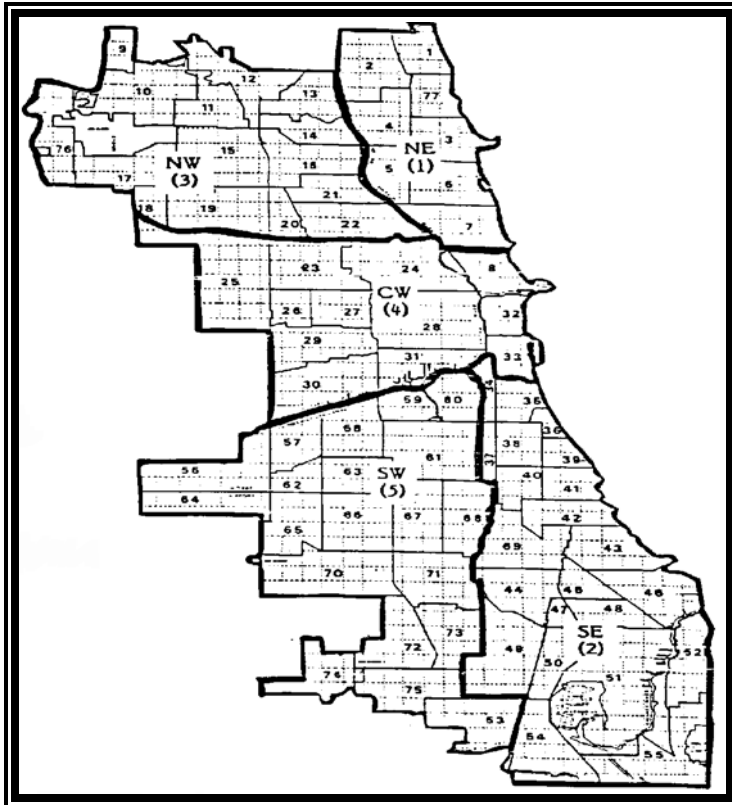
60+ Minority  
2,718

60+ Living Alone  
18,077

60+ Rural  
59,199

85+ Pop  
6,514





## PLANNING AND SERVICE AREA 12

Chicago Department on Aging

30 North LaSalle, Suite 2320  
Chicago, IL 60602  
(312) 744-4016  
TTY: (312) 744-6777  
FAX: (312) 744-0680

Web: [www.cityofchicago.org/aging](http://www.cityofchicago.org/aging)

Commissioner: Joyce Gallagher

### Census 2000 Characteristics

60+ Pop  
398,560

60+ Minority  
212,471

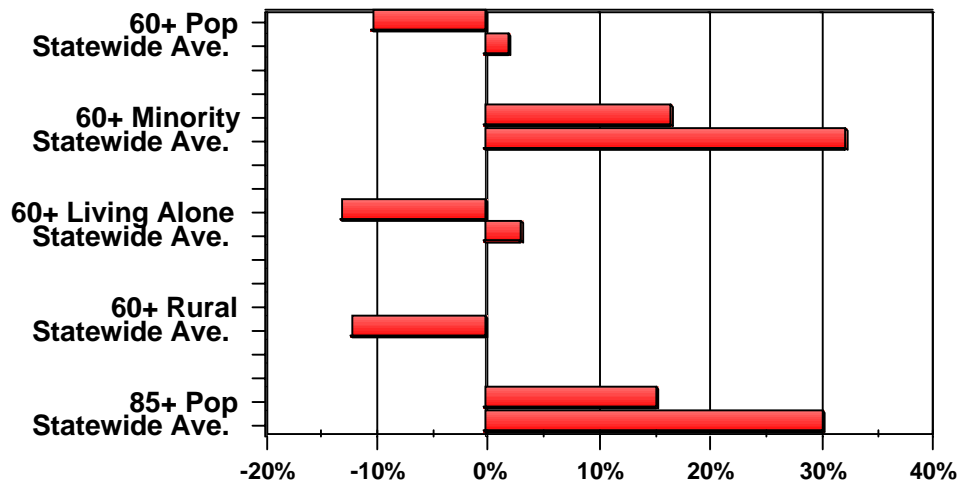
60+ Living Alone  
112,768

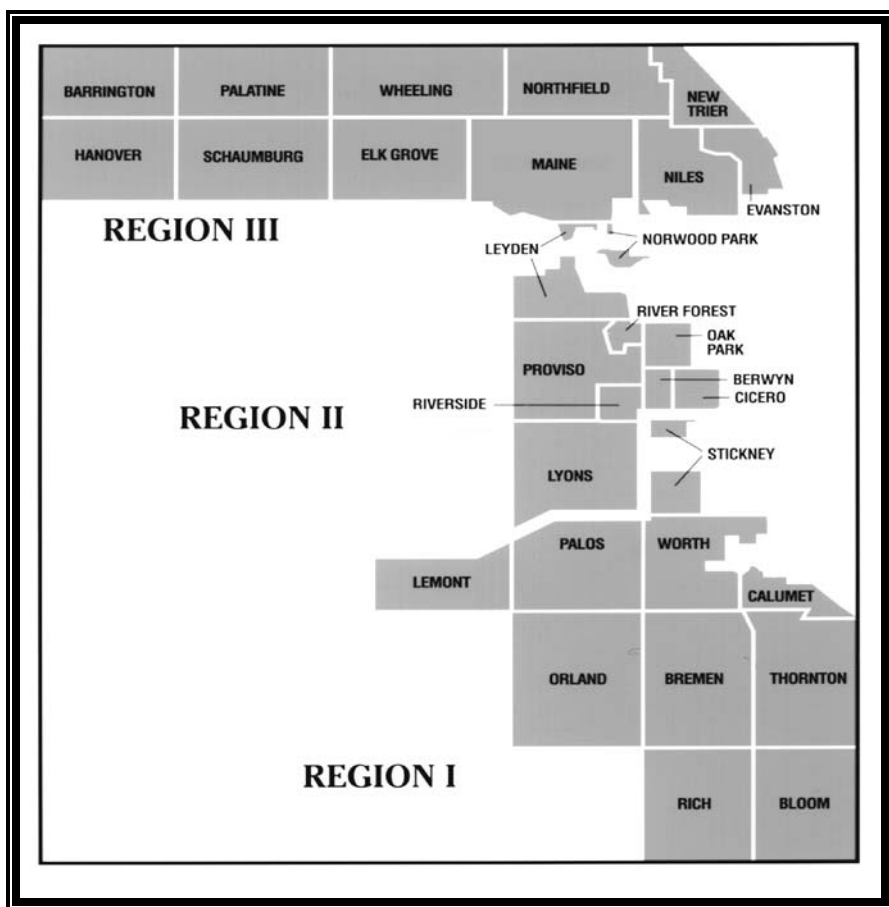
60+ Rural  
N/A

85+ Pop  
35,168

### PSA 12 Demographic Changes

1990 vs. 2000 Percent Differences





## PLANNING AND SERVICE AREA 13

### Suburban Area Agency on Aging

1048 Lake St., Suite 300  
Oak Park, IL 60301  
(708) 383-0258  
1-800-699-9043  
FAX: (708) 524-0870  
TTY: (708) 524-1653

Web: [www.suburban-age.org](http://www.suburban-age.org)

Executive Director:  
Jonathan Lavin

### Census 2000 Characteristics

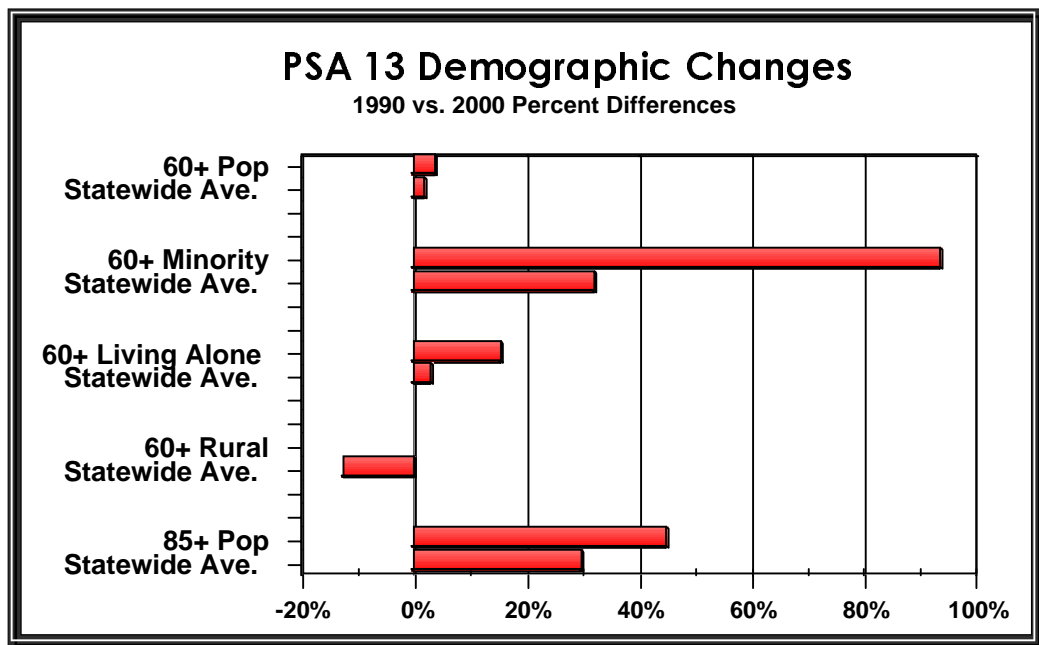
60+ Pop  
429,925

60+ Minority  
61,065

60+ Living Alone  
106,271

60+ Rural  
N/A

85+ Pop  
41,352





# **PART IV**

## **PROGRAM PLAN**

# **VISION**

The Illinois Department on Aging, united with local communities and the public and private sector, will be both a leader and a partner in helping all older Illinoisans and their caregivers achieve an optimum quality of life, assuring independence, dignity, self-sufficiency, health and safety.

# **MISSION**

The mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and their caregivers by administering programs and promoting partnerships that encourage independence, dignity and quality of life.

## **PRINCIPLES & VALUES TO GUIDE THE ILLINOIS DEPARTMENT ON AGING IN THE TWENTY-FIRST CENTURY**

- ★ We will accept that the rights, independence and well-being of the individuals we serve are our first priority.
- ★ We will maintain a positive image of aging and will advocate on behalf of older individuals at all times.
- ★ We will consider the views of older adults and the interests of all age groups in the design of aging policies and programs.
- ★ We will deliver services that promote independent living and encourage older adults to remain residing in their communities.
- ★ We will measure the success and outcomes of Aging Network programs by their positive impact on the lives of older adults and their families.
- ★ We will identify and tap the strengths of an aging society.
- ★ We will assure adequate services and protections for the most vulnerable of our older citizens. We will take steps to prevent and correct unjustified institutionalization of older adults.
- ★ We will serve clients with respect, fairness and cultural competence.
- ★ We will strengthen communities by coordinating and linking community and state resources and involving them as partners in policy making and implementation.
- ★ We will promote flexibility and creativity in service delivery. We will work to provide services across the continuum of care and will expand our service packages to address the changes in the aging population.

## STRATEGIC TRENDS

- ★ The new century promises new challenges and opportunities for the Department on Aging. The Department on Aging can expect the population of older persons to continue to grow and to live longer. The fastest growing segment of the older population is the over age 85 group, the age group most likely to have Alzheimer's Disease or other chronic health problems and to need long term care services.
- ★ In addition to the growth of the older population, the results of the 2000 U.S. Census reveal that the population of older adults is becoming culturally and linguistically more diverse. Based on the results of the 2000 Census, the number of minorities age 60 and older who reside in Illinois increased by 32 percent during the past decade.
- ★ The U.S. Bureau of the Census estimates that between the years of 1990 and 2000 the number of persons 85 years of age and older will have increased 43 percent. Proportionately, the Community Care Program (CCP) caseload increased 42 percent during that same time period. In the next decade, the Bureau of the Census projects that the 85 years and over population will grow by 56 percent. If the same trend continues, it is expected that the CCP caseload will increase proportionately.
- ★ The Department on Aging distributes the majority of its federal Older Americans Act and State General Revenue Funds to the Area Agencies on Aging across the state via an Intrastate Funding Formula (IFF). This formula consists of demographic factors with assigned weights for the 60+ population of each area and distributes the funding based upon the population age 60+, minority, poverty, rural, 75+, and living alone.

Most of the 2000 Census demographic information about the age 60+ population in Illinois has been released by the U.S. Census Bureau (except poverty levels) and has been incorporated into the Department's IFF for FY 2002. The incorporation of 2000 Census data into the IFF has resulted in major changes in funding in many areas of the state.

- ★ The informal caregiver is the foundation of support for the frail older person living in the community and the Department on Aging must support informal caregivers in their efforts to help older persons maintain their independence. The FY 2000 amendments to the Older Americans Act established a new National Family Caregiver Support Program that will provide support services to informal caregivers and to grandparents raising grandchildren.
- ★ Researchers and public policy makers began to comment on an increase in the number of grandchildren living in grandparent-maintained households in the early 1990s. This trend has increased in the past decade and the greatest growth has occurred among grandchildren living with grandparents with no parent present. The increase of grandchildren in these living arrangements has been attributed to the

growth in drug use among parents, teen pregnancy, divorce, the rapid rise of single-parent households, mental and physical illness, AIDS, crime, child abuse and neglect, and incarceration of parents.

- ★ The number of elder abuse, neglect and financial exploitation reports continue to increase each year. The Department on Aging will focus more on financial exploitation, including closely cooperating with both the TRIAD Bank Reporting Project and the Illinois State Police's financial crimes investigators, and providing additional training on financial exploitation to elder abuse case workers and supervisors.

The Governor created a statewide Elder Abuse Task Force in late FY 2000. The Task Force will formulate recommendations for the Governor and the General Assembly on policies and/or legislation relating to financial exploitation of older persons in upcoming fiscal years.

- ★ The LTC Ombudsman Program's activities in responding to concerns/complaints involving the rights of residents in long term care facilities and quality of care issues continue to grow. In FY 2000, the number of complaints received by the LTC Ombudsman Program increased by over 56 percent.
- ★ Attempting to decide where to live as one grows older creates challenges for many older adults. The housing industry has attempted to address part of these challenges with the growth of assisted living. After a six-year process by many state agencies and long term care associations, the passage of legislation requires the Illinois Department of Public Health to license Assisted Living and Shared Housing facilities. The Illinois Department on Aging has the responsibility for the Assisted Living/Shared Housing Ombudsman Program to assure consumer protections for seniors living in those facilities, as well as responsibilities for the Assisted Living and Shared Housing Quality of Life Committee.
- ★ Strong communication and visibility are keystones of the Department on Aging. In the late 1990s, the Department on Aging began placing an even higher emphasis on communications by adopting the slogan, **"In Illinois, Aging is Everybody's Business."** It is intended to reflect the message that all individuals hold a stake within our rapidly aging population. The Department on Aging must continue to promote this slogan to make Illinoisans of all ages aware of the needs of seniors, their families and caregivers on a local level.
- ★ As prescription drug costs continue to rise at alarming rates in the United States, many of our nation's seniors are being forced to take steps to lower their out-of-pocket medication expenses. The Department on Aging is aware of its responsibility to assist staff in the Aging Network in maintaining a high skill level so they can more effectively serve older adults with their prescription drug needs. When the Illinois General Assembly expanded the state's Circuit Breaker/Pharmaceutical Assistance Program and created the SeniorCare Program, the Department on Aging worked in

conjunction with the Illinois Department of Revenue to hold specialized training sessions throughout the state in 2001 and 2002. These training sessions were designed to help Aging Network professionals explain significant changes to the program and to help address questions and prepare applications for seniors. The Department must continue to provide training opportunities so that Aging Network professionals can continue to increase their knowledge and upgrade their skills.

- ★ Social and demographic trends are making the need for information services increasingly important to older adults, informal caregivers and the general public. Older adults and informal caregivers face a complicated array of choices and decisions about services and programs available to assist them. Many need support and assistance to gain access to the complex environment of federal, state and local benefits and services. The Department can anticipate continued and rapid technological advances in health care and information technology and an increase in sophistication in the use of the technologies by both older persons and their families. As Illinois citizens and agencies become more accustomed to communicating and conducting business on the Internet, it becomes critical for the Department on Aging to keep pace.
- ★ Due to a Federal Communications Commission order in 2000, each State must create a 211 system as an information number for people to call for non-emergency services. A 211 system would allow all current customer hotlines and helplines to work together in providing seamless, coordinated referral services for Illinois citizens. In Illinois, the United Ways of Illinois and Illinois AIRS have begun a partnership to move a 211 system forward. As a major provider of information and assistance services for older adults and family caregivers, the Aging Network will need to be involved in the development and implementation of the 211 system in Illinois.
- ★ Approximately 19 percent of older adults in Illinois are poor or near poor. Poor older persons have limited opportunities to escape poverty. Thus, it is critical that the Department on Aging and Aging Network continue to advocate for the interests of older workers on statewide and local Workforce Investment Boards and Committees. Additionally, the Department on Aging and the Area Agencies on Aging will work with the private and public sector to develop additional employment opportunities for older workers.

## FISCAL YEAR 2003 SERVICE OBJECTIVES

This exhibit represents the service delivery objectives for the State in Fiscal Year 2003 for services funded through Title III of the Older Americans Act.

Service	Persons	Units	PSA
<b>Access Services</b>			
Case Management	69,893	228,764	Statewide
Assisted Transportation	672	8,016	4,5,8,10
Ind. Needs Assessment III-B & III-C	4,085	9,246	5,8
Info. & Assistance	280,007	540,869	Statewide
Outreach III-B	18,541	18,702	2,3,8,9,10,11,13
Outreach III-C	4,549	4,549	6,9,10
Transportation	32,678	883,684	Statewide
Other	11,278	62,388	13
<b>In-Home Services</b>			
Adult Day Care	33	680	6,11
Chore/Housekeeping	2,214	82,996	3,4,10,12,13
Friendly Visiting	191	2,674	8,10
Home Delivered Meals	44,940	6,981,253	Statewide
Home Health	889	18,182	5,7
Homemaker	80	4,492	1
Respite	567	14,120	3,5,7,9,11,12,13
Residential Repair	1,172	1,566	2,4,8,9,11,12,13
Telephone Reassurance	633	46,960	8,10
Other	101	1,104	4,5
<b>Community Services</b>			
Congregate Meals	88,040	3,476,657	Statewide
Counseling	938	8,865	2,5
Education	2,705	2,694	8,10
Health Screening	3,734	4,800	5,10
Housing Assistance	1,291	11,230	12,13
Legal Assistance	7,462	34,299	Statewide
Multi. Senior Center	14,274	22,395	3,5,6,8,9,13
Nutrition Education	8,164	2,156	6,8,9,10
Recreation	21,163	9,535	3,8,10,12
Health Promotion	52,531	48,542	Statewide
Other	1,239	6,495	1,2,3,5,6,13
<b>Family Caregiver Services</b>			
Information	51,395	93,087	1,2,3,4,6,7,8,9,10,11,12,13
Assistance	26,194	56,674	1,2,3,4,6,8,9,10,11,12,13
Counseling, Sup. Gr., Training	17,710	43,676	Statewide
Respite	2,447	94,804	Statewide
Supplemental Services	2,733	70,273	1,2,3,5,7,8, 9,10,11,12,13

In addition to these Older Americans Act services, over **39,800** older persons will receive homemaker and adult day services through the state funded Community Care Program and over **7,955** reports of elder abuse and neglect will be responded to through the state funded Elder Abuse and Neglect Program.

## **VISIBILITY & PUBLIC AWARENESS INITIATIVE**

**INCREASE VISIBILITY AND PUBLIC AWARENESS ABOUT THE AGING NETWORK AND AVAILABLE SERVICE OPTIONS AND TO STRENGTHEN THE INFORMATION AND ACCESS SYSTEM FOR ALL OLDER ADULTS AND THEIR CAREGIVERS.**

### **BACKGROUND AND ANALYSIS**

With many overlapping federal and state programs and various eligibility requirements, older adults, family caregivers and grandparents raising grandchildren often need assistance to understand what community-based services are available and whether they qualify for such services. Illinois has a comprehensive information and assistance, outreach and case management system that has both a state and local entry point. A statewide public information program is also in place. However, information about services is continually cited as a primary need by older adults, family caregivers and grandparents raising grandchildren. They have indicated that information on services is often too complex, difficult to understand, and not culturally sensitive. Even though the Aging Network in Illinois has made great strides in linking older individuals, family caregivers and grandparents raising grandchildren with services, far too many eligible client groups still report that they do not know which agencies to contact when they need assistance.

Many need support and assistance to gain access to the complex environment of federal, state and local benefits and services. The Department can anticipate rapid changes in information technology and an increase in sophistication in the use of the technologies by both older persons and their families.

Area Agencies on Aging and access service providers have also expressed concerns about their abilities to respond to a broad range of needs of older persons, family caregivers and grandparents raising grandchildren, and to keep abreast of the vast array of benefits and services available to these client groups, the new technology, as well as the ongoing concerns regarding education about services, outreach and visibility.

### **ILLINOIS DEPARTMENT ON AGING STRATEGIES**

- ★ The Department on Aging will continue its efforts to expand media coverage and to develop publications and other resources that provide information on available services. Efforts will focus on relevant, timely issues (such as the Circuit Breaker/Pharmaceutical Assistance Program and the SeniorCare Program) and the development of materials that will be “user friendly.” Particular attention will be given to needs related to cultural sensitivity, language translations, and the use of large type.

- ★ The Department on Aging will continue producing a variety of brochures, booklets and reports about the Aging Network's services and programs. The Department will also work with the Coalition for Limited English Speaking Elderly to develop brochures and booklets that are printed in different languages.
- ★ The Department on Aging will continue to distribute news releases to keep the media and Aging Network informed about changes in Older Americans Act services and public benefits programs. The Department publishes a quarterly newsletter, "Network News" which is sent to Aging Network organizations, other agencies, legislators, older adults and interested others. "Network News" contains timely national, state and local information relevant to the Aging Network and notifies readers about upcoming training opportunities.
- ★ The Department on Aging will continue to work closely with the Director to develop speeches or other remarks delivered to a variety of groups. Staff also work closely with the Director to write a monthly newspaper column titled "A Word to the Wise" as well as a "Facts on Aging" Series. The "Facts on Aging" Series is a one-page publication produced monthly which delivers information of interest to legislators, seniors and their caregivers.
- ★ The Department on Aging will also continue to update and expand the Department's web page to provide additional information on Aging Network programs and public benefit programs.
- ★ The Department on Aging and Area Agencies on Aging will evaluate the Aging Network's current utilization and need for technology in the provision of information and assistance services.
- ★ In an ongoing effort to educate the public regarding aging issues, the Department on Aging operates a Speaker's Bureau through which arrangements are made with appropriate experts to present information to groups in both the private and public sectors. The Department on Aging will continue to expand the Speaker's Bureau.
- ★ The Department on Aging also has a Gatekeeper Program which trains customer-contact employees like meter readers, utility workers and newspaper carriers to serve as a "gatekeeper" to Aging Network services. The objective of the training is to recognize signs indicating an older person may need help and how to refer them to needed services. The Department on Aging will continue to expand the types of organizations involved in the Gatekeeper Program.
- ★ The Department on Aging will continue to inform older adults and their caregivers about community-based service options that are available through the "Choices for Care in Illinois" program. Many older adults have multiple and changing health and social service needs. Effective community-based service programs can facilitate access to comprehensive assessment, care planning, pre-nursing home admission screening, and linkages to community-based services and health care providers.

- ★ Service provider staff in the Aging Network must have the knowledge and skills to provide adequate responses to a number of service issues and have the capability to refer and link older individuals to a wide variety of services and public benefit programs. The Department on Aging will provide ongoing training on public benefits programs and will release informational memorandums to Area Agencies on Aging and service providers about changes in public benefits programs. Additionally, the Department on Aging will continue to offer the Governor's Conference on Aging, the Elder Rights Conference, the Case Management Conference, and the Alzheimer's Disease and Related Dementias Conference. Additionally, the Department on Aging will conduct training on effective customer service practices for Aging Network personnel.
- ★ The Department on Aging and Area Agencies on Aging will work to encourage more information and assistance service providers to have personnel trained as Certified Information and Referral Specialists.
- ★ Since the Aging Network is a major provider of information and assistance services for older adults and family caregivers, the Department on Aging will actively be involved in the development and implementation of the 211 system in Illinois.

# NUTRITION SERVICES INITIATIVE

**IMPROVE THE NUTRITIONAL HEALTH OF OLDER ADULTS AND THE EFFECTIVENESS OF NUTRITION PROGRAM SERVICES IN ILLINOIS.**

## BACKGROUND AND ANALYSIS

Many older adults cannot consistently obtain a nutritious diet. Older adults age 85+, minority older adults, older adults in greatest economic need, older adults who live alone, and individuals with chronic health conditions are at the highest risk of being malnourished. Based on a 1998 Food Security Supplement to the Current Population Survey conducted by the U.S. Bureau of the Census, about 1.6 million households with older adults reported that they did not have enough to eat. Lack of money was the primary reason these households were unable to receive a sufficient quantity of food or had to reduce the quality of their food. Older persons living in poverty were more likely to report a poor diet (21%) than were older persons living above the poverty level (11%). In many cases, older adults are forced to choose between buying food or paying for medicine, utilities, or other essential items.

Adequate nutrition is critical for healthy aging and the prevention or delay of chronic disease and disease-related disabilities. The Aging Network's Nutrition Programs provide congregate and home delivered meals, link older adults to supportive services, decrease social isolation, and provide nutrition education to help decrease or manage chronic health conditions.

A 1996 national evaluation documented that the Nutrition Program effectively targets services to vulnerable older adults who are older, poorer, at higher nutritional risk, more functionally impaired, more likely to live alone, and more likely to be a minority member than the general U.S. older population. This evaluation also documented that older adults who receive Nutrition Program services have higher nutrient intakes and more social interactions than older adults who do not participate in Nutrition Program services.

The congregate meal program provides older adults with a nutritional meal, social interaction as well as volunteer opportunities. However, the participation in the congregate meal program has continued to decline over the past 20 years. In FY 1981, the congregate meal program provided meals to over 133,100 older adults. In FY 2001, the congregate meal program provided meals to over 87,700 older adults which is a decline of 34 percent since FY 1981.

In contrast, the home delivered meal has increased participation levels significantly during the past 20 years. In FY 1981, the home delivered meal program provided meals to over 14,700 older adults. In FY 2001, the home delivered meal service provided meals to over 49,000 older adults which is an increase of 233 percent since 1981. However, there are

still areas in Illinois that are not served by home delivered meal programs. Additionally, the need for home delivered meals will continue to grow as the number of older persons increases, particularly the group aged 85 and over, which is the fastest growing segment of the older population.

## **ILLINOIS DEPARTMENT ON AGING STRATEGIES**

- ★ Studies have documented that while older adults are aware that Nutrition Programs are available, they are not clear about the eligibility requirements or they often do not believe they need such programs. The Department on Aging will implement outreach and coordination activities with other organizations in an effort to promote public awareness and participation in congregate meal and home delivered meal services.
- ★ The Department on Aging will increase knowledge within the aging population by developing public service announcements on nutrition, and encouraging radio stations to broadcast them. Additionally, the Department on Aging will develop a nutrition program-specific brochure that can be used by nutrition and access service providers.
- ★ The Department on Aging will expand information about Aging Network nutrition services and the importance of nutritional health on its web page.
- ★ The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate the possibility of expanding menu choices to serve older persons with diverse ethnic backgrounds.
- ★ The Department on Aging will continue to serve on the Department of Human Services' Nutrition Services Advisory Committee as an advisory body on nutrition issues related to public participation and policy development. The Department is part of an interagency coordination to obtain consistent resource information for statewide nutrition planning, implementation and evaluation of nutrition services.
- ★ The Department on Aging will continue to serve on the Illinois Interagency Nutrition Council (INC) which promotes health and wellness through nutrition education, coordination of services and access to nutrition programs so that Illinois' older adults can achieve food security.
- ★ The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate methods to modernize the congregate meal service. For example, younger older adults want more menu choices, lighter menus and flexible serving times. Additionally, the provision of multiple/weekend meal options and modified diet options will be explored to address the nutritional needs of older adults.

- ★ The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate different methods to document the need (e.g., waiting lists and areas not served) for home delivered meals in order to more effectively advocate for additional federal and state funds to meet the growing need for such services.
- ★ The Department on Aging, Area Agencies on Aging and the Nutrition Advisory Council will evaluate ways to more effectively target nutrition services to frail older adults and others at the greatest risk of losing their independence, and lack resources and support.
- ★ The Department on Aging will work with home care and case management service providers to assist them to better evaluate and meet the nutritional needs of older adults that they serve on an ongoing basis.
- ★ The Department on Aging will continue to work with the Department of Public Health and the University of Illinois Extension Office to develop effective health and nutritional educational programs that can be readily used in nutrition meal sites.
- ★ The Department on Aging and Area Agencies on Aging will continue to participate in the Senior Farmer's Market Nutrition Pilot Program with the Department of Human Services. The major purpose of the Seniors Farmers' Market Nutrition Pilot Program is to provide fresh locally grown fruits, vegetables, and herbs from farmers' markets and roadside stands to low-income seniors.
- ★ According to a USDA estimate, only about 30 percent of older adults who are eligible for food stamps participate in the program. In contrast, about 63 percent of all eligible persons participate in the program. The Department on Aging will work with Area Agencies on Aging, nutrition service providers and access providers to develop and distribute literature about the Food Stamp Program that will target eligible older adults.

# **MENTAL & PHYSICAL HEALTH INITIATIVE**

**COORDINATE SERVICES WITH OTHER STATE AGENCIES AND OTHER ORGANIZATIONS TO PROMOTE THE MENTAL & PHYSICAL HEALTH NEEDS OF OLDER ADULTS IN ILLINOIS.**

## **BACKGROUND AND ANALYSIS**

Some studies indicate that older adults are at greater risk of mental health disorders and their complications than are younger individuals. It is estimated that 15 to 25 percent of older adults in the United States suffer from symptoms of mental illness. The highest suicide rate in America is among those aged 65 and older. In 1997, older adults represent 12.7 percent of the U.S. population, but accounted for 20 percent of suicides nationwide. Suicide is the 13th leading cause of death for the elderly, with males more vulnerable than females.

Various studies have concluded that the primary cause of mental deterioration of older persons is depression. Grief, isolation, lack of family support systems, poor nutrition, financial problems and debilitating physical conditions are the contributing factors.

Many of the nation's elderly do not seek psychiatric treatment which could cure or alleviate their mental illness symptoms. Many older adults, their family members and often their own doctors do not understand mental illness or feel that mental illness symptoms are a normal part of aging. While the older population consumes more than 30 percent of all health care in the United States, they consume considerably fewer mental health services. Only four percent of patients in community health centers are elderly. Only two percent of the patients seen in private health care providers' offices or hospitals are older adults. And less than 1.5 percent of the direct costs for treating mental illness are spent on behalf of older adults in the community.

The 2000 Census documented that 40 percent of older adults age 65 and older have some form of disability. The fastest growing segment of the older population is the over age 85 group, the age group most likely to have Alzheimer's Disease or other chronic health problems and to need long term care services. The prevalence of chronic diseases and associated disabilities is highest among the oldest age groups. Success in the prevention, treatment and cure of these chronic diseases, including arthritis, chronic heart conditions, hypertension and rheumatism, has been significantly less than that with the acute and infectious diseases, leading to growing numbers of elderly disabled people in need of care. In particular, mental disorders such as Alzheimer's disease have become more prevalent. About 1 percent of those aged 65 and over develop senile dementia every year, and currently slightly over 1 million people suffer from severe dementia, and another three million suffer from lower levels of dementia.

## ILLINOIS DEPARTMENT ON AGING STRATEGIES

- ★ The Department on Aging will coordinate services with the Department of Human Services to provide opportunities for professional, consumer and government agencies to work together toward improving the availability and quality of mental health preventive and treatment services to older adults and their families. The Department on Aging will identify and work with private and public sector organizations, businesses, foundations, and other funding sources to advocate for increased targeting of resources for mental health and aging services and programs.
- ★ The Department on Aging will continue to work with the Long Term Care for Persons with Mental Illness Coordinating Committee to coordinate efforts between agencies in order to assure that persons with serious mental illness requiring long term care are provided the most clinically appropriate, cost-effective care in the most integrated setting.
- ★ The Department on Aging will work with the Area Agencies on Aging and Aging Network service providers to create more community awareness of mental health issues facing older persons and their families, and attempt to eliminate inaccurate stereotypes and commonly held misconceptions of mental health and normal aging. The Department on Aging will develop a brochure and other educational materials that will address the commonly-held mental health myths that affect the older population.
- ★ The Department on Aging will continue the activities of the Department on Aging Mental Health Workgroup that will focus on the mental health needs of older adults and their caregivers. This Mental Health Workgroup will focus on coordination activities with other state agencies and make recommendations for needed changes in federal and state policies. The Mental Health Workgroup will work with the Department of Human Services to promote the implementation of special accommodations for elderly clients at all local Department of Human Services Offices statewide. The Mental Health Workgroup will also promote coordination activities at the regional level.
- ★ The Department on Aging will continue to provide training to the Aging Network and the mental health service network on the mental health needs of older adults. The training will focus on enhancing knowledge and skills in the identification, assessment and interventions with older adults who have mental health needs.
- ★ The Department on Aging will collaborate with the Illinois Department of Public Health to implement a federal grant to reach out to two underserved groups with Alzheimer's Disease or related disorders, individuals living in rural areas and individuals with limited English speaking proficiency. The project will target persons in rural areas, such as the Rock Island and Peoria areas, and persons residing in Chicago. It will also target persons speaking Korean, Chinese, Russian, Polish, or Spanish and will provide referrals to medical assessment and services, culturally appropriate support groups, and resource and caregiver guides translated into different languages.

- ★ The Department on Aging will work with other state agencies, Area Agencies on Aging, and Aging Network service providers to expand the number of older persons receiving pharmaceutical assistance by linking older persons to the Circuit Breaker/Pharmaceutical Assistance Program and the SeniorCare Program.
- ★ The Department on Aging will continue to work with the Department of Public Health to expand health promotion educational programs for older adults and family caregivers.
- ★ The Department on Aging will continue to work with the Case Coordination Unit Outcome Measures Committee to develop more effective pre-service training of new case managers and assessment and care plan tools for case managers to use to more effectively evaluate the physical and mental health of older adults and to link them to needed services.
- ★ The Department on Aging will continue to work with state agencies involved in the Systems Change grant to reduce fragmentation of services and to design coordinated long term care services for dually and multiple diagnosed individuals.

## DEPARTMENT ON AGING COORDINATION EFFORTS

The Department on Aging is a strong proponent of interagency coordination with other statewide groups who provide services or resources to older persons, particularly other state human service agencies. A recent Illinois Coalition on Aging study documented that Illinois spends \$3.2 billion annually on services specifically targeted toward seniors. Current coordination activities with State Agencies and other statewide organizations include the following:

- ★ **Department of Human Services** - Involves interagency coordination regarding the Governor's Conference on Aging, Mental Health and Aging Conference, Systems Change grant to reduce fragmentation of services and to design coordinated long term care services for the dually and multiple diagnosed individuals, Family Futures Planning for elderly family members caring for adult relatives with developmental disabilities, LINK Committee, Olmstead Stakeholders and Consumer Groups, mental health training, long term care and abuse cross training, the Illinois Assistive Technology Project, Medicaid-waiver issues, medication training and substance abuse treatment/prevention programs, disability determination, vocational rehabilitation, Alzheimer's issues/planning and education, training, outreach efforts regarding eligibility of grandparents raising grandchildren for the Child Only Grant and DVAC (Domestic Violence Advisory Council to include older victims of family violence in domestic violence services and policies, and Office of Mental Health and Department on Aging Integration Task Force to improve access to mental health services by older persons and to improve coordination between the two state agencies.
- ★ **Department of Public Health** - Involves interagency coordination regarding the Long Term Care Ombudsman Program, Long Term Care Facility Advisory Board, women's health promotion activities, breast cancer awareness and osteoporosis, asthma, arthritis and AIDS awareness and prevention, immunizations, Nutrition Services Advisory Committee, Alzheimer's Disease Advisory Committee, radio/television public information programming, Illinois Health Cares (training health care providers on elder abuse), outreach to underserved groups (rural elderly and Limited English Speaking Proficiency) of older persons with Alzheimer's Disease and KidCare for grandparents raising grandchildren.
- ★ **Department of Public Aid** - Involves interagency coordination on the Medicaid Waiver for the Community Care program, Medicaid Advisory Committee, HIPAA implementation, DFI (Donated Funds Initiative), PACE (Program of All-Inclusive Care for the Elderly-a national pilot site-also known as the On Lok model), Systems Change grant to reduce fragmentation of services and to design coordinated long term care services for the dually and multiple diagnosed individuals and General Assistance Employment project, Circuit Breaker/Pharmaceutical Assistance and

SeniorCare Programs, grandparents raising grandchildren involving paternity establishment and supportive living facilities.

- ★ **Department of Revenue** - Involves interagency coordination on Circuit Breaker/Pharmaceutical Assistance and SeniorCare Programs.
- ★ **Guardianship & Advocacy Commission** - Involves interagency coordination on the Systems Change grant to reduce fragmentation of services and to design coordinated long term care services for the dually and multiple-diagnosed individuals.
- ★ **Illinois State Board of Education** - Involves interagency coordination on Intergenerational programming, grandparents raising grandchildren regarding school enrollment issues and Adult Day Service component of the Child and Adult Care Food Program (CACFP).
- ★ **Departments of Revenue, Public Health, Insurance, Public Aid, Secretary of State, Attorney General Commerce and Economic Opportunity & Veterans Affairs** - Involves coordination on the distribution of public information materials.
- ★ **Department of Insurance** - Involves interagency coordination with SHIP (Senior Health Insurance Program), Long Term Care Partnership Insurance Program, Medicare + Choice Program, Medicare educational/outreach activities and Circuit Breaker/Pharmaceutical Assistance and SeniorCare Programs.
- ★ **Central Management Services** - Involves interagency coordination on recording/filming various radio and television programs and teleconferences and press release distribution.
- ★ **State Employees Retirement System** - Involves interagency coordination on a retirement counseling program in cooperation with senior centers.
- ★ **Department of Agriculture** - Involves interagency coordination on the Illinois State Fair.
- ★ **Illinois Housing Development Authority** - Involves interagency coordination on the Affordable Housing Trust Fund, development of a housing directory, coordination with the HOME program, member of Inter-Agency Housing Coordination Committee.

- ★ **State Agencies Housing Committee** - Involves interagency coordination with 18 representatives from state agencies, bureaus and offices which administer funding programs, support services or regulatory processes regarding housing.
- ★ **Illinois Shared Housing Network** - Includes a committee of organizations which provide Sharing Housing programs. Serves as a forum to exchange information on shared housing best practices, referrals, barriers and organizational issues.
- ★ **Administrative Office of Illinois Courts** - Involves membership on the Supreme Court appointed statewide multi-agency Family Violence Coordinating Council, and the Council's Steering Committee and Court Structure, and Data Collection Committees.
- ★ **Illinois Attorney General's Office, Illinois Law Enforcement Officers Training and Standards Board, Illinois Criminal Justice Information Authority, Illinois State Police** - Involves membership on the Illinois State TRIAD with these agencies (the TRIAD also includes AARP, the Illinois Medical Society, the Illinois Health Care Association, the Illinois Association of Chiefs of Police, and Illinois Sheriffs' Association), and cooperation on specialized law enforcement training and protocols and investigations of crimes against the elderly.
- ★ **Violence Prevention Authority** - Involves membership by statute, with numerous other agencies, of the Authority, which distributes funds for violence prevention activities throughout the State of Illinois.
- ★ **Illinois Emergency Management Agency (IEMA)** - Involves interagency coordination under the Illinois Emergency Management Act and the Illinois Emergency Operations Plan (IEOP) in responding to disasters, without regard specifically to the degree of impact on the elderly. Under the IEOP, the Department on Aging will support the Operational Annexes of Mass Care and Resource Support. Additionally, the Department on Aging will assist in Recovery Operations by assisting and locating senior citizens to ensure they obtain all available aid.
- ★ **Gatekeeper Program** - Involves interagency coordination with utility companies, newspapers and libraries to assist vulnerable older people who need assistance but are not aware of available services or not able to make the contact themselves. These partners and their employees include: NIGAS, Illinois Power, Comm Ed, Peoples Gas, CILCO, CIPS, Association of Illinois Electric Cooperatives, Union Electric, United Cities Gas, GTE, Gallatin River Communications and the Champaign News Gazette.

- ★ **AARP** - Involves coordination on the Senior Lobby Day, Illinois State Fair, caregiving fairs and other public information materials and resources and advocacy on behalf of relatives raising children.
- ★ **Illinois Work Force Advantage** - Covers nine distressed communities in Illinois to provide state coordinated services including grants, funds and technical assistance.
- ★ **Governor's Rural Affairs Council** - Brings 16 state agencies together to discuss rural issues.
- ★ **Illinois Rural Health Association** - Involves coordination with state agencies, private and proprietary organizations concerned about rural health issues.
- ★ **Illinois Coalition on Aging** - Involves membership of this advocacy group comprised of aging representatives, aging associations and interested persons.
- ★ **Illinois Alliance of Information & Referral Systems (ILAIRS)** - Involves membership on ILAIRS which is a professional association of I&R providers. ILAIRS provides an annual Information & Referral conference and addresses I&A concerns and issues.
- ★ **Illinois Council on Developmental Disabilities** - Provides input as to the perspective and concerns of elderly citizens having developmental disabilities, and advocates for full inclusion of all persons with disabilities in receiving available services and accessing other resources.
- ★ **Statewide Independent Living Council** - Involves membership on this Council which was established in response to the Rehabilitation Act of 1973, as amended, with the mission of working toward integration and independence of all persons with disabilities.
- ★ **Illinois Interagency Nutrition Council** - Involves membership on this Council which serves as a forum for networking among its members regarding existing food and nutrition programs, including sharing nutrition education and outreach resources; identifying barriers and gaps in service delivery; identifying possible additional resources to help increase access to available food assistance programs; and providing ongoing discussion and analysis of the scope and depth of hunger in Illinois.

- ★ **Interagency Cabinet on Women's Health** - Helps coordinate the State's Initiative and programs focusing on women's health.
- ★ **Minority Health Advisory Panel** - Advises and assists the Center for Minority Health Services in the areas of health promotion and elimination of health disparities of minority population through prevention and control of diseases and injuries in Illinois.
- ★ **Illinois Task Force on Grandparents Raising Grandchildren** - Involves coordination with 70 representatives of professional organizations, state agencies and grandparents and identifies issues and needs of grandparents in order to impact services at local, state, and federal levels.
- ★ **Governor's Advisory Council on Literacy** - Focuses on strengthening state literacy programs, maximizing state and federal resources for literacy programming, and encouraging literacy efforts at both the state and local level.
- ★ **Statewide Advisory Committee of the Illinois Volunteer Money Management Project** - Involves membership on a committee made up of representatives of local projects, advocacy groups, private industry and utilities. Provides general policy guidance and consultation to the State Coordinator of the Illinois Volunteer Money Management Project.
- ★ **Elder Law Section Council of the Illinois State Bar** - Involves membership of a 15-person council which conducts the business of the 2,000 member Elder Law Section. Offers legal education presentations, public information campaigns, legislative analysis and recommendations, and a newsletter to its members.
- ★ **Rural Transit Assistance Center (RTAC)** - Provides training to the Area Agencies on Aging, transportation service providers and other community organizations throughout Illinois.
- ★ **Illinois Department of Transportation** - Involves coordination with the Inter-Agency Transportation Committee, the Downstate Rural Public Transportation Initiative, funding of vans and other vehicles.
- ★ **University of Illinois Extension** - Involves participation in the establishment of support groups for grandparents raising grandchildren as well as providing training for professionals and outreach to clients.

- ★ **Governor's Commission on the Status of Women in Illinois** - Helps to coordinate symposiums on issues affecting grandparents raising children.
- ★ **The Brookdale Foundation** - Provides training, resources, referrals and funding to support efforts on behalf of relatives raising children.
- ★ **Generations United** - Provides training, resources and advocacy on behalf of intergenerational programs and grandparents raising grandchildren.
- ★ **Eastern Illinois University's M.A. in Gerontology Advisory Board** - Focuses on strengthening and promoting the Master in Arts Gerontology Program at Eastern Illinois University. The Department provides a training component for their annual Gerontology Symposium held at the University.
- ★ **Multi-Disciplinary Certificate Program in Geriatrics for Non-Physicians** - Provides elder abuse training as part of the Certificate Program which is coordinated by University of Illinois at Urbana-Champaign, College of Medicine.

**PREFERENCE FOR  
GREATEST ECONOMIC AND SOCIAL NEED  
WITH PARTICULAR ATTENTION TO  
LOW-INCOME MINORITY OLDER INDIVIDUALS  
&  
OLDER INDIVIDUALS RESIDING IN RURAL AREAS**

The Older Americans Act requires each State Unit on Aging to describe within their State Plan on Aging the proposed methods of carrying out preference for providing services to older individuals with greatest economic or social need, with particular attention to low-income minority older individuals and older individuals residing in rural areas. In addition, the plan also shall specify, with respect to the fiscal year preceding the fiscal year for which the plan is prepared, the methods used to satisfy the service needs of low-income minority older individuals and older individuals residing in rural areas.

**"Greatest Economic Need"** means the need resulting from an income level at or below the poverty threshold established by the U.S. Department of Health and Human Services. Poverty thresholds for 2002 are currently set at \$8,860 for a one-household and \$11,940 for a two-person household.

**"Greatest Social Need"** means the need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural, social or geographic isolation including that caused by racial and ethnic status (for example - Black, Hispanic, Native American, Asian American) which restricts an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently.

**"Minority"** means those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified by the Bureau of the Census. This includes persons who identify themselves as African American, Hispanic, American Indian, Alaskan, Asian, Hawaiian and Pacific Islander.

Based on the 2000 Census, Illinois has 349,196 individuals age 60 plus who identified themselves as a minority. Based on the 1990 Census, 65,439 of these individuals are low-income. Note: 2000 Census information on 60+ poverty is not available at the present time.

**"Older Persons Residing in Rural Areas"** means persons aged 60 or over residing in areas not defined as urban. Urban areas are defined as (1) a central place and its adjacent settled territories with a combined minimum population of 50,000 and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.

**The proposed methods of carrying out preference for providing services to older individuals with greatest economic or social need, with particular attention to low-income minority older individuals and older individuals residing in rural areas, include:**

- A. Applications of weighting factors for low-income, minority, living alone, over age 75, and rural older persons in the distribution of federal and related state funds to the planning and service areas.
- B. Assuring Area Agencies on Aging target services to frail older persons by earmarking state funds for case management, transportation, and home-delivered meals.
- C. Providing training to Area Agency on Aging and service provider staff on the delivery of services to older persons in greatest economic or social need, including minority and rural older persons.
- D. Requiring Area Agencies on Aging to set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need and set specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the Area Plans.
- E. Requiring Area Agencies on Aging to include in each agreement made with a service provider under the Area Plans, a requirement that such provider will (a) specify how they intend to satisfy the service needs of low-income minority older individuals and older individuals residing in rural areas in the area served by the provider; (b) attempt to provide services to low-income minority older individuals and older individuals residing in rural areas in at least the same proportion as the population of low-income minority older individuals and older individuals residing in rural areas bears to the population of older individuals of the area served by the provider; and (c) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority older individuals and older individuals residing in rural areas within the planning and service areas.
- F. Assuring with respect to services for older individuals residing in rural areas, the Department on Aging will spend for each fiscal year of the State Plan, not less than the amount expended for such services for Fiscal Year 2000.

The Department will allocate a total of \$57,822,708 in FY 2003 to the 13 Area Agencies on Aging. Nine (9) percent of these funds (\$5,204,044) will be allocated to rural areas of the State based on the Department's funding formula.

The Area Agencies on Aging that serve rural areas also budget an estimated \$275,700 in local match and program income for a total rural service costs of \$5,479,744. It is also estimated that the Area Agencies on Aging that serve rural areas also budget a total of \$2,619,030 of these funds for access services.

- G. Requiring Area Agencies on Aging to conduct outreach efforts to identify older individuals eligible for assistance under the Older Americans Act, with special emphasis on rural elderly, older individuals in greatest economic and social

need (with particular attention to low-income minority older individuals and older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English-Speaking ability, and older individuals with Alzheimer's Disease or related disorders with neurological and organic brain dysfunction (and the caregivers of such individuals); and inform such individuals of services under the Area Plans.

**The methods used in FY 2002 to satisfy the service needs of low-income minority older individuals and older individuals residing in rural areas included:**

- A. Application of weighting factors for low-income, minority, and rural older persons in the distribution of federal and related state funds to the planning and service areas.
- B. Assuring Area Agencies on Aging target services by earmarking state funds for case management, transportation, and home-delivered meals.
- C. Providing training to Area Agency on Aging and service provider staff on the delivery of services to older persons in greatest economic or social need, including minority and rural older persons.
- D. Requiring the Area Agencies on Aging to include in the Area Plans, with respect to the fiscal year preceding the fiscal year for which such Plans are prepared, to identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area and to describe the methods used to satisfy the service needs of such minority older individuals and older individuals residing in rural areas.
- E. Requiring Area agencies on Aging to conduct needs assessment that take into consideration the number of older individuals with low incomes, and the number of older individuals who have greatest economic and social need (with particular attention to low-income minority older individuals and older individuals residing in rural areas) and the efforts of voluntary organizations in the planning and service areas.
- F. Requiring Area Agencies on Aging to establish Advisory Councils consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under the Older Americans Act, representatives of older individuals, local elected officials, providers of veteran's health care (if appropriate), and the general public, to advise continuously the Area Agencies on Aging on all matters relating to the development of the Area Plans, the administration of the Area Plans and operations conducted under the Area Plans.
- G. Requiring the Area Agencies on Aging to ensure that each activity undertaken by the agencies, including planning, advocacy, and systems development, includes a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

## **MINIMUM PERCENTAGE OF TITLE III-B FUNDS TOWARD PRIORITY SERVICES**

The 2000 Amendments to the Older Americans Act stipulate that each State Agency set a minimum percentage of funds to be used in the service categories of access, in-home, and legal to be used by each Area Agency on Aging.

Also, according to the 2000 Amendments, if an Area Agency on Aging expends at least the minimum percentage set by the State, the Area Agency on Aging will have fulfilled the requirement to spend an adequate proportion of funds on such services. The minimum percentage is intended to be a floor, not a ceiling. The amendments encourage Area Agencies on Aging to devote additional funds to each of these service areas in order to meet local needs.

The Older Americans Act continues to allow for the State to grant a waiver to an individual Area Agency on Aging to this provision "...if the Area Agency on Aging demonstrates to the State agency that services being furnished for such category in the planning and service area are sufficient to meet the need for such services in such planning and service area."

### **TITLE III-B ALLOTMENT**

For the purpose of determining minimum percentages and monitoring the expenditure of Title III-B funds on priority services, the Title III-B allotment used for each Area Agency on Aging will be determined as follows:

**Title III-B = Base Funding + Transfers - Ombudsman Allocation - AAA Carryover**

### **PRIORITY SERVICES**

In determining the minimum percentage of Title III-B funds to be directed toward priority services, the following categories and services will be used:

<b>Access:</b>	Case Management
	Assisted Transportation
	Individual Needs Assessment
	Information and Assistance
	Outreach
	Transportation

**In-Home:** Adult Day Care  
Chore/Housekeeping  
Friendly Visiting  
Home Health

**In-Home:** Homemaker  
Residential Repair and Renovation  
Respite Care  
Telephone Reassurance

**Legal:** Legal Assistance

#### **MINIMUM PERCENTAGES FOR FY 2003 - 2005**

The Department will maintain the minimum percentages for the three-year plan period. The following minimum percentages will apply during FY 2003-2005.

<b>Access</b>	<b>33.1%</b>
<b>In-Home</b>	<b>0.04%</b>
<b>Legal</b>	<b>3.2%</b>

A special note of caution is needed when reviewing the percentage of Title III-B funds established for in-home services in Illinois. On face value, this percentage would appear to be remarkably low compared to the increasing need for such services by older persons at risk of inappropriate institutionalization. However, in addition to administering federal programs under the Older Americans Act, the Department on Aging also administers a State funded in-home services program called the Community Care Program. Services available through the Community Care Program include homemaker and adult day care. The estimated total expenditure for those two services in FY 2003 will be approximately \$181.3 million dollars which reflects a significant commitment by this State to address the needs of our frail older population.



## **PART V**

### **NATIONAL FAMILY CAREGIVER**

### **SUPPORT PROGRAM PLAN**

## **SUMMARY OF ILLINOIS FAMILY CAREGIVER SUPPORT PROGRAM**

The mission of the Illinois Department on Aging is to serve and advocate for older Illinoisans and family caregivers by administering programs and promoting partnerships that encourage independence, dignity, and quality of life.

The Department on Aging recognized the importance of developing and implementing a number of activities concurrently to ensure that caregivers and grandparents were aware and started receiving services from the Illinois Family Caregiver Support Program as quickly as possible. Some of the most prominent activities conducted in Illinois included:

- ★ Developed a statewide Caregiver Task Force to provide guidance to the Department on Aging and Area Agencies on Aging in the development of the Illinois Family Caregiver Support Program.
- ★ Conducted several planning meetings with Area Agencies on Aging and with organizations that provide services to older adults and family caregivers (e.g., Alzheimer's Associations, hospitals, etc.).
- ★ Worked with Area Agencies on Aging to identify and develop more than 120 Caregiver Resource Centers in communities across Illinois.
- ★ Worked with a marketing firm and the Area Agencies on Aging to develop a statewide logo, theme, brochures and 30 second radio and television public service announcements for the Illinois Caregiver Support Program.
- ★ Expanded the Department's web page to include more information and linkages on family caregiving and grandparents raising grandchildren issues.
- ★ Developed new working relationships with an influx of providers and volunteers new to the Aging Network.
- ★ Expanded the Department's Grandparents Raising Grandchildren Task Force.
- ★ Evaluated the Area Agencies on Aging's progress in developing services funded under Title III-E of the Older Americans Act in FY 2001 and FY 2002.
- ★ Developed "Implementation Guidelines" for the Area Agencies on Aging.
- ★ Conducted training activities for Area Agencies on Aging, Caregiver Resource Centers and other service providers.

The foundation of the Illinois Caregiver Support Program is the creation of Caregiver Resource Centers which serve as a point of entry where caregivers and grandparents raising grandchildren can turn for services. Examples of designated Caregiver Resource Centers include focal points, senior centers, case management agencies, county health departments, mental health organizations, hospitals and libraries. In FY 2001 and FY 2002, each Caregiver Resource Center developed the capacity to provide access to information, training, support groups, counseling, resource libraries, respite care and supplemental services.

Another innovative aspect of Illinois' Caregiver Support Program is the diversity and variety of service approaches which are being implemented across Illinois. The development of the Illinois Caregiver Support Program is based on the strengths of the Area Agencies on Aging and funded service providers, who in turn, created a system with the flexibility to meet the diverse and unique needs of caregivers and grandparents raising grandchildren in their respective planning and service area.

Prior to the adoption of the National Family Caregiver Support Program, Illinois did not have a formal program for family caregivers. However, many family caregivers received indirect benefit of services provided to older adults through the Older Americans Act and state-funded services such as the Community Care Program. With each of the five service categories, the Department on Aging, Area Agencies on Aging and local providers are discovering ways to integrate existing Aging Network services and existing caregiver services not funded by the Older Americans Act and the State of Illinois (e.g., funded by Alzheimer's Associations, hospitals, etc.) into the Illinois Caregiver Support Program.

Illinois had a Grandparents Raising Grandchildren Program which has provided information and assistance and advocacy services prior to the adoption of the National Family Caregiver Support Program. Additionally, this program has funded support groups to grandparents raising grandchildren throughout Illinois. With the adoption of the National Family Caregiver Support Program, many Area Agencies on Aging have been able to expand the types of services provided to grandparents raising grandchildren (e.g., legal assistance, respite care, training and education, etc.).

The following pages outline the primary objectives of each service category and outlines examples of how Title III-E services were integrated into Illinois' existing comprehensive system of services for older individuals and how the Illinois Caregiver Support Program has been integrated into existing caregiver programs.

<b>Service Category: Information</b>	
<b>Primary Objectives:</b>	<ul style="list-style-type: none"> <li>★ Meet the unique needs of caregivers and grandparents raising grandchildren by providing accurate, consistent, and appropriate information.</li> <li>★ Help family members to identify as caregivers and to seek help from service providers when needed.</li> <li>★ Develop Caregiver Resource Centers to serve as a service point of entry for older adults, family caregivers and grandparents raising grandchildren.</li> </ul>
<b>How will NFCSP services be implemented and integrated into existing services?</b>	<ul style="list-style-type: none"> <li>★ The Department on Aging and Area Agencies on Aging have partnered with a Chicago-based marketing firm to develop a variety of marketing materials which can be used at the state, regional and local level to help caregivers recognize their role and possible need for services.</li> <li>★ Traditional Aging Network service sites have been designated as Caregiver Resource Centers; however other organizations that have not traditionally received Older Americans Act funding have also been designated as Caregiver Resource Centers (e.g., such as mental health organizations, hospitals and libraries).</li> <li>★ The Department on Aging incorporated a Caregiver Self-Identification and Caregiver Stress Scale into the Department's "Choices for Care" Booklet. "Choices for Care" is a nursing home prescreening program for older adults.</li> <li>★ The Department expanded its existing web site to incorporate additional information about caregiver and grandparents raising grandchildren services and linkages to applicable web sites.</li> <li>★ The Department on Aging, Area Agencies on Aging and Caregiver Resource Centers have identified unique ways to reach hard to serve caregivers and grandparents raising grandchildren (e.g., the use of billboards at stoplights, inserting caregiver information into utility bills, having Aging Network staff sit in on kindergarten registration, etc.).</li> </ul>

<b>Service Category: Assistance</b>	
<b>Primary Objectives:</b>	<ul style="list-style-type: none"> <li>★ Provide hands-on assistance to guide caregivers and grandparents raising grandchildren through the array of available services and public benefit programs.</li> <li>★ Assess the service needs of caregivers and grandparents raising grandchildren and provide necessary linkages to available services.</li> </ul>
<b>How will NFCSP services be implemented and integrated into existing services?</b>	<ul style="list-style-type: none"> <li>★ Several Area Agencies on Aging have funded service providers to employ Caregiver Specialists/Advisors. These Caregiver Specialists/Advisors are placed in senior centers, outreach providers and case management agencies. Another Area Agency has funded a local mental health organization to hire a Caregiver Specialist/Advisor.</li> <li>★ Traditional Aging Network service sites have been designated as Caregiver Resource Centers; however other organizations that have not traditionally received Older Americans Act funding have also been designated as Caregiver Resource Centers (e.g., such as mental health organizations, hospitals and libraries).</li> <li>★ Many of the Area Agencies on Aging are developing assessment tools to be used to determine the service needs of caregivers and grandparents raising grandchildren.</li> <li>★ Some areas are modifying existing assessment tools designed for the older adult (i.e., Determination of Need) which are now being used for the caregiver and older adult.</li> </ul>

<b>Service Category: Counseling, Support Groups, Training &amp; Education</b>	
<b>Primary Objectives:</b>	<ul style="list-style-type: none"> <li>★ Provide caregivers and grandparents raising grandchildren with the necessary tools to meet their caregiver responsibilities through training and education.</li> <li>★ Provide emotional support to caregivers and grandparents raising grandchildren through counseling and support groups.</li> <li>★ Collaborate and build upon the existing network of programs and services for caregivers in Illinois by working with hospitals, Alzheimer's Associations, etc.</li> <li>★ Build upon the existing grandparents raising grandchildren program located at the Department by developing the Aging Network expertise to respond to the needs of this client population.</li> </ul>
<b>How will NFCSP services be implemented and integrated into existing services?</b>	<ul style="list-style-type: none"> <li>★ Several Area Agencies on Aging have expanded counseling services by expanding support groups or by establishing new supportive counseling programs. Other Area Agencies on Aging have used the mental health counseling model for individuals in need of therapeutic interventions.</li> <li>★ Several Area Agencies on Aging are funding demonstration projects to conduct outreach to nursing and skilled care facilities. The LTC Ombudsman Program will provide education/training to caregivers of persons in long term facilities. In addition, the demonstration project will develop and foster Family/Caregiver Councils at each long term care facility in the service area.</li> <li>★ Department on Aging staff (from the Grandparents Raising Grandchildren Program) have conducted training and referral seminars for Area Agencies on Aging and Caregiver Resource Centers on GRG issues and referrals to the more than 80 GRG support groups in Illinois.</li> <li>★ Area Agencies on Aging are sending staff at all levels from their caregiver program to participate in Mather Lifeways: Powerful Tools for Caregiving which is funded by AoA.</li> </ul>

<b>Service Category: Respite Care</b>	
<b>Primary Objectives:</b>	<ul style="list-style-type: none"> <li>★ Provide caregivers with temporary respite from their caregiving responsibilities.</li> <li>★ Create a respite program that caregivers consider flexible and easy to access.</li> </ul>
<b>How will NFCSP services be implemented and integrated into existing services?</b>	<ul style="list-style-type: none"> <li>★ Area Agencies on Aging have created a “respite registry” consisting of respite care providers which will allow caregivers a greater variety and choice of respite options. Caregiver Specialists will complete assessments for respite, provide clients with the Respite Registry listing, and explain the various types of respite services on the Registry. Caregivers will be able to select the respite provider of their choice, and choose different forms of respite as their needs change.</li> <li>★ One area of the state is conducting respite through the use of two Demonstration Projects: 1) Provider Broker Model and 2) CCU Broker Model. Under the Provider Broker Model, the provider delivers a wide array of services while the CCU authorizes such services. Under the CCU Broker Model, the CCU authorizes and arranges an array of respite options. Outcomes are currently being developed to determine which model is more effective.</li> <li>★ The range of respite services that have been provided in the Caregiver Support Program include Senior Companion, Homemaker, Home Health, Assisted Living, Nursing Home, and Skilled Care.</li> </ul>

<b>Service Category: Supplemental</b>	
<b>Primary Objectives:</b>	<ul style="list-style-type: none"> <li>★ Provide additional service options to caregivers and grandparents raising grandchildren to address their caregiving responsibilities.</li> <li>★ Eliminate gaps in community-based services for caregivers and grandparents raising grandchildren.</li> <li>★ Expand legal assistance services for caregivers and grandparents raising grandchildren.</li> </ul>
<b>How will NFCSP services be implemented and integrated into existing services?</b>	<ul style="list-style-type: none"> <li>★ Most Area Agencies on Aging have expanded or developed new gap-filling services. Examples of gap-filling services include home modification; payment of one-time medical expenses and pharmaceutical supplies; purchase of incontinence products and hearing aids; child care for grandparents raising grandchildren; and emergency food and/or clothing.</li> <li>★ Many Area Agencies on Aging have expanded legal assistance for caregivers and grandparents raising grandchildren. Legal assistance includes legal interventions and the provision of educational sessions at Caregiver Resource Centers and other locations that focus on legal issues that caregivers and grandparents raising grandchildren encounter (e.g., guardianship, representative payee, estate planning, etc.).</li> </ul>

# ILLINOIS FAMILY CAREGIVER SUPPORT PROGRAM INITIATIVE

## EXPAND SUPPORTIVE SERVICES TO FAMILY CAREGIVERS OF OLDER ADULTS AND GRANDPARENTS RAISING GRANDCHILDREN IN ILLINOIS.

### BACKGROUND AND ANALYSIS

Recognizing and supporting family caregivers is an important component of a comprehensive long-term care system. Nearly one out of every four U.S. households is involved in providing assistance to older family members and other older adults. Approximately 80 percent of all home care is provided by family members and friends. About one-third to nearly two-thirds of family caregivers are employed outside the home and between 20 percent to 40 percent of caregivers have children under age 18 to care for in addition to their disabled relative. The majority of caregivers provide unpaid assistance for one to four years and 20 percent provide care for five years or longer.

In Illinois, it is estimated that there are 1.1 million caregivers providing assistance to older adults resulting in an economic value of \$8.6 billion. The informal caregiver is the foundation of support for the frail older person living in the community and long term care facilities and the Department on Aging will need to support informal caregivers in their efforts to help older persons maintain their independence and quality of life.

Researchers and public policy-makers began to comment on an increase in the number of grandchildren living in grandparent-maintained households in the early 1990s. This trend has increased in the past decade and the greatest growth has occurred among grandchildren living with grandparents with no parent present. The 2000 Census documented that Illinois has 258,038 grandparents living in households with one or more grandchildren under the age of 18. Approximately 40 percent of these grandparents are responsible for providing the basic needs of these grandchildren.

The increase of grandchildren in these living arrangements has been attributed to the growth in drug use among parents, teen pregnancy, divorce, the rapid rise of single-parent households, mental and physical illness, AIDS, crime, child abuse and neglect, and incarceration of parents.

Grandparent-headed households often face a number of problems and challenges such as health and health care access, social isolation, financial and inadequate public assistance, legal, and housing. Many of these grandparents do not have access to any support services. Alternative support services need to be expanded and available in communities throughout Illinois.

The FY 2000 amendments to the Older Americans Act established a new National Family Caregiver Support Program that will provide support services to informal caregivers and to grandparents raising grandchildren. The development and implementation of the National Family Caregiver Support Program will involve all of the Department's programs, from Older Americans Act services, to the Community Care Program, to Communications and Training activities to the Grandparents Raising Grandchildren Program.

## ILLINOIS DEPARTMENT ON AGING STRATEGIES

- ★ The Department on Aging will continue to work with the Caregiver Advisory Committee to develop a statewide network of agencies and organizations that will link current programs, provide guidance and information to local communities, and stimulate the expansion of caregivers services. The Caregiver Advisory Committee is made up of 27 individuals from diverse professions such as Area Agencies on Aging, AARP, medical centers, hospitals, Alzheimer's Associations, employers, chambers of commerce, banks, insurance companies, interfaith volunteer services, churches, libraries, limited English-speaking and minority organizations.
- ★ The Department on Aging will establish a Caregiver Planning Committee to evaluate, modify and develop state policies and standards on the Illinois Caregiver Support Program. The planning committee will also serve a method to exchange information on "best practices" in serving family caregivers and grandparents raising grandchildren. The planning committee will be comprised of representatives from the Department, Area Agencies on Aging, and Caregiver Resource Centers. The Caregiver Planning Committee will also include representatives from respite, support group, education and training service providers.
- ★ The Department on Aging will continue to work with the Area Agencies on Aging and Caregiver Resource Centers to publicize the Illinois Caregiver Support Program.
- ★ The Department on Aging, Area Agencies on Aging and Caregiver Resource Centers will develop strategies to reach different types of caregivers (e.g., spouses, adult children and caregivers with family members in nursing homes, etc.) and provide services to caregivers at different stages of their caregiving journey (e.g., running errands, provision of personal care, etc.). Additionally, the Department on Aging will develop culturally and linguistically appropriate informational materials for family caregivers and grandparents raising grandchildren.
- ★ The Department on Aging will provide training opportunities for the personnel of Caregiver Resource Centers and other Aging Network organizations on an ongoing basis to more effectively serve family caregivers. For example, the Department on Aging will provide training on issues and public benefits relating to grandparents raising grandchildren in each Planning and Service Area. The focus of the training will be to develop the skills of professionals in assisting grandparents raising grandchildren in gaining access to needed public benefits and other services. Training participants will include staff from Area Agencies on Aging and designated Caregiver Resource Centers.
- ★ The Department on Aging will improve caregiver and grandparents raising grandchildren access to services through the development of alternative methods of information dissemination, training and educational materials including expanding information on the Department's web page.

- ★ The Department on Aging will facilitate coordination between Caregiver Resource Centers and the regional LTC Ombudsman Programs in order to more effectively provide services to caregivers who have family members residing in long term care facilities.
- ★ The Department on Aging, Area Agencies on Aging and Caregiver Resource Centers will coordinate with the Mental Health Network and Alzheimer's Associations to expand services (e.g., support groups and educational programs) to family caregivers and older adults.
- ★ The Department on Aging will coordinate with other organizations in Illinois that have received Administration on Aging grants (e.g., Mather Lifeways Institute).
- ★ The Department on Aging sponsored a symposium on grandparents raising grandchildren in the Fall of 2002. Focus areas will include: financial assistance; health care; and child care. Goals of the symposium will include advancing public policy on issues affecting relative caregivers and introducing legislators and others on the needs and issues surrounding grandparents raising grandchildren.
- ★ The Department on Aging will expand the membership of the Illinois Task Force on Grandparents Raising Grandchildren to include state agencies and other organizations not presently represented. These include the Department of Corrections, the Illinois State Library, the Office of Mental Health and Developmental Disabilities of the Department of Human Services and the Department of Public Health.
- ★ The Department on Aging will develop a program to address the needs of relative caregivers caring for children of incarcerated parents.
- ★ The Department on Aging will continue to work with the Aging Network to establish support groups for grandparent caregivers and provide technical assistance to organizations and agencies in the development and maintenance of support groups.
- ★ The Department on Aging will continue to identify grandparents raising grandchildren through outreach efforts in schools; speaking engagements and workshops; public service announcements and interviews.
- ★ The Department has expanded services in southern Illinois to include a caregiver support project aimed at helping elderly caregivers of adult children with developmental disabilities. The project has been started at Shawnee Alliance for Seniors in Carterville, and will be expanded to other parts of the state in FY 2003.

# ILLINOIS FAMILY CAREGIVER SUPPORT PROGRAM

## FY 2003 AREA AGENCY ON AGING BUDGET & SERVICE PROJECTIONS BY SERVICE CATEGORY

SERVICE CATEGORIES	Federal Funds	Local Match & Program Income	Total Funds	Units Projected	Persons to be Served
<i>Information</i>	\$1,614,906	\$315,278	\$1,930,184	93,087	51,395
<i>Assistance</i>	\$1,032,143	\$204,722	\$1,236,865	56,674	26,194
<i>Counseling, Support Groups, Training &amp; Education</i>	\$1,397,621	\$272,296	\$1,669,917	43,676	17,710
<i>Respite</i>	\$1,537,408	\$129,265	\$1,666,673	94,804	2,447
<i>Supplemental</i>	\$867,066	\$102,868	\$969,934	70,273	2,733
<b>TOTAL</b>	<b>\$6,449,144</b>	<b>\$1,024,429</b>	<b>\$7,473,573</b>	<b>358,514</b>	<b>100,479</b>
<b>CLIENT CATEGORIES</b>					
<b>Family Caregivers</b>	\$6,002,616	\$957,067	\$6,959,683	339,191	91,379
<b>Grandparents Raising Grandchildren</b>	\$446,528	\$67,362	\$513,890	19,323	9,100
<b>TOTAL</b>	<b>\$6,449,144</b>	<b>\$1,024,429</b>	<b>\$7,473,573</b>	<b>358,514</b>	<b>100,479</b>

## **PART VI**

### **ELDER RIGHTS PLAN**

# **ELDER RIGHTS PROGRAMS**

## **Background Information**

Older persons have the right to live free from abuse, neglect or exploitation. They also have the right, unless they have been adjudicated to lack mental capacity, to make their own decisions about where and how they will live, and with whom. Unfortunately, many older persons, both those who live at home and those who reside in long term care facilities, are at risk of mistreatment by others. The Department on Aging operates two programs, the Long Term Care Ombudsman Program and the Elder Abuse and Neglect Program, to ensure that vulnerable older citizens are not mistreated and are able to exercise their rights. Both of these programs are designed to inform older persons of their civil, legal and human rights, and to assist them in the free exercise of those rights. As such, they reflect the Department's longstanding commitment to the rights of older persons.

As well as the three public hearings conducted in June of 2002 on the draft FY 2003-FY 2005 State Plan on Aging, the Department has used a variety of means to obtain the views of older persons, Area Agencies on Aging, and other interested parties. The Long Term Care Ombudsman Program and the Elder Abuse and Neglect Program have Advisory Groups consisting of Area Agencies on Aging and provider agencies. The Advisory Groups have served as an important vehicle to obtain the views of Area Agencies on Aging, elder abuse provider agencies and Regional Long Term Care Ombudsman Programs.

In October of 1999, Governor Ryan conducted a Summit on Aging. The Summit drew more than 150 professionals, older adults and members of the general public from various backgrounds and from all over Illinois to help shape policies affecting older adults. One of the summit roundtables addressed elder rights issues and this roundtable developed recommendations to better protect elder rights, improve enforcement, and expand existing programs to help seniors exercise their rights.

Governor Ryan also created a statewide Elder Abuse Task Force in late FY 2000. Thirty-one individuals, representing a cross-section of professionals from the legal, banking, and social service fields, as well as aging advocacy networks, were appointed. The Task Force formulated recommendations for the Governor and General Assembly on policies and/or legislation relating to financial exploitation of older persons. The focus of the recommendations was to strengthen and build on the already existing programs and collaborations in Illinois before starting up any new initiatives.

The Department on Aging has also sought the input of the Illinois Council on Aging which is the state level advisory body to the Department on Aging as mandated by the Illinois Act on the Aging. The Illinois Council on Aging was created to promote advocacy on behalf of senior citizens in response to the Illinois Act on the Aging. The Council works with the Director of the Illinois Department on Aging, as well as Area Agencies on Aging, service providers, and advocate groups to help improve the lives of senior citizens. The Council also provides guidance to the Governor and the General Assembly by advising them on the concerns, problems, and services provided to the elderly in our State.

Twenty-three citizen members on the Council are chosen by the Governor. They represent all parts of the State and reflect the economic, ethnic, sexual, racial, rural and urban characteristics of the people 60 years of age and older in Illinois. Of these men and women, the majority are over the age of 60.

The Department on Aging meets with Area Agencies on Aging five to six times a year. Parts of these meetings are used to prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights. For example, in FY 2001 the General Assembly passed and the Governor approved a new appropriation of \$1,000,000 (from Tobacco Settlement Funds) in General Revenue Funds for the Aging Network to provide information, education, and outreach to older persons and their families on the expanded benefits under the Circuit Breaker/Pharmaceutical Assistance program. As a part of this Senior Health Assistance Program initiative, the Department worked with Area Agencies on Aging to set up 200 Senior Information and Assistance sites around the state. In FY 2002, the Department on Aging has also worked with the Area Agencies on Aging to educate the Aging Network, older adults, family members and the general public on the new SeniorCare Program.

As advocacy-based programs, the success of the Elder Abuse and Neglect Program and the Long Term Care Ombudsman Program in serving their clientele is often based on the ability to refer and persuade other agencies or entities to be responsive to the problems of the clients.

The Department on Aging regularly works with other state agencies and associations such as the Department of Public Aid, the Department of Public Health, the Department of Human Services, the Law Enforcement Training and Standards Board, the State Police, the Office of Attorney General, the Illinois Association of Chiefs of Police, the Illinois Sheriff's Association, the Criminal Justice Information Authority, the Violence Prevention Authority and others in order to coordinate better on issues of elder rights.

The Department on Aging has worked with other agencies and associations to improve response to older victims of mistreatment. For example, the Illinois State TRIAD, which the Department on Aging is an active member, has implemented "B\*SAFE, Bankers and Seniors Against Financial Exploitation." "B\*SAFE" is a project to train bank customer service personnel to identify, report and prevent financial abuse of older persons. In FY 2002, 600 bank personnel were trained. Since many of these persons were themselves trainers who took the information back to their own companies, the total number of bankers reached is far greater. Another 400 law enforcement personnel and aging advocates were also trained by the B\*SAFE Project.

The TRIAD also holds an annual statewide conference on crimes against the elderly for law enforcement officers and aging advocates, and provides specialized training to certify "Elderly Services Officers" two to three times a year. To date, more than 1,000 such "ESOs" have been trained. The Department on Aging has also printed and is distributing more than 100,000 "palm cards" on elder abuse for law enforcement officers; the Chicago Police Department alone has received more than 30,000. The Department on Aging will continue to distribute the palm cards to law enforcement agencies throughout Illinois.

The Department on Aging encourages elder abuse provider agencies and LTC Ombudsman Programs to make appropriate referrals to law enforcement. The Long Term Care Ombudsman Program makes appropriate referrals to law enforcement and regulatory agencies if the resident gives permission or consent to the LTCOP to act.

Elder Abuse and Neglect Program caseworkers will in some cases have knowledge of criminal behavior, directed at their clients by family, household members or others. The caseworker under specific circumstances is required to report the matter to law enforcement agencies and/or the State's Attorney's Office. These circumstances include death, brain damage, bone fracture, sexual assault, etc. In less serious cases of behavior which constitutes a misdemeanor or does not immediately threaten serious harm to the client, and where the client has mental capacity, the client has the right to decide whether they wish to report the crime to the authorities.

The Department on Aging has worked with domestic violence advocates to increase referrals and recognition of elder abuse as another form of family violence through additional presentations at local Family Violence Coordinating Councils and participation on the Department of Human Services Domestic Violence Advisory Council and the statewide Family Violence Coordinating Council Steering Committee. The service needs of older battered women in particular are stressed.

The Department on Aging also sponsors an Elder Rights Conference in Chicago each year, where experts from throughout the country train elder abuse, ombudsmen and legal service workers on the multiple facets of their work. In early 2002, the Department cooperated with the Illinois Center Violence Prevention Center to sponsor a series of four workshops on elder abuse throughout the state for a broad spectrum of organizations and agencies interested in violence prevention.

The Department has included an assurance in this document that outlines the State will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities as required by Title VII of the Older Americans Act. The Department on Aging reviews Area Plan budgets to ensure that Area Agencies on Aging do not supplant pre-existing funds to carry out elder rights protection activities.

## **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program (LTCOP) is mandated by the federal Older Americans Act and supported by provision in the Illinois Act on the Aging. The Department has established and operated the Office of the State Long Term Care Ombudsman Program (SLTCO). Regional LTCOP services are delivered through 17 provider agencies and individuals designated by the SLTCO and are operated through a grant or contract with the Department and Area Agencies on Aging. Approximately 500 people annually, both paid and unpaid volunteers, are recognized as Representatives of the Office of State Long Term Care Ombudsman.

The Long Term Care Ombudsman Program works to protect and promote the rights and quality of life for long term care residents. The program strives to ensure that existing state and federal laws, social service agency policies and long term care facility policies are adhered to and that resident and family voices are heard during drafting or revision

through the service components of the program. The service delivery components of the program are investigative services, regular presence in long term care facilities, public information and education, issue advocacy, resident and family council development and support, the development and implementation of a Regional LTCOP Annual Service Plan and evaluation of the Long Term Care Ombudsman Program.

The program design of regular presence, investigation and resolution services ensures that residents have information about their rights, timely access to the LTCOP and timely responses to complaints and requests for assistance. Investigative services focus on the health, safety, welfare and rights and preferences of residents. If at any point during the complaint investigation process, the resident expresses that he or she does not want the LTCOP to take further action on a complaint involving the resident, the representative of the LTCOP discontinues work on the complaint and informs the resident that he or she may contact the LTCOP regarding the withdrawn complaints or other complaints in the future. Investigation and resolution may involve the need for facility wide change where individual residents need not be identified.

Public information and education services involves community and facility staff educational programs. It includes providing information and public education on the long term care system, the rights and benefits of residents of long term care facilities, all services available to residents including the activities of the LTCOP and the concerns of the consumers of long term care services.

Issue advocacy involves representing the interests of residents before governmental agencies and seeking administrative, legal, and other remedies to protect the health, safety, welfare and rights of residents. It also involves reviewing and commenting on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of long term care facility residents.

Resident and family council support includes informing the leadership of each council of the purpose of the LTCOP, the availability of the LTCOP to assist the council, topics which the LTCOP is prepared to present and the fact that the LTCOP will strive to be present at meetings when invited. These councils are excellent vehicles for providing resident and family education and for working together on issue advocacy efforts.

A Regional LTCOP Annual Services Plan will be submitted to the State Ombudsman by each of the 17 programs. These plans will support a more centralized statewide program while recognizing different regional resident issues and priorities. Contents of the plan shall include activities to meet or exceed the service components of the LTCOP.

Evaluation of the LTCOP is in keeping with the principles of quality improvement and shall be done at least annually by each Regional LTCOP and the State Long Term Care Ombudsman. The LTCOP activities and complaint data will be compared to the respective Annual Services Plan.

In order to be eligible for designation by the SLTCO as a provider agency, an entity must:

- ★ be a public or nonprofit entity;
- ★ not be an agency or organization responsible for licensing or certifying long term care services;
- ★ not be an association (or an affiliate of an association) of providers of long term care or residential services for older persons;
- ★ have no financial interest in a long term care facility;
- ★ have demonstrated capability to carry out the responsibilities of the provider agency;
- ★ not be part of an agency which limits the ability of an ombudsman to be objective and independently investigate and resolve complaints;
- ★ have a clearly definable unit to function as the Regional LTCOP;
- ★ have sufficient staff to perform all duties and responsibilities of the Regional LTCOP which shall include a designated individual, known as the Regional Ombudsman, who has the overall responsibility for the activities of the Regional LTCOP and at a minimum have one full time equivalent staff person for every 3000 licensed long term care facility beds.

The Department does not impose any restrictions on the eligibility of entities for designation as local Ombudsman programs in addition to the criteria set forth in Section 712(a)(5)(C) of the Older Americans Act.

Conflict of interest exists in the LTCOP when other interests intrude upon, interfere with, or threaten to negate the ability of the LTCOP to independently investigate and resolve complaints without compromise on behalf of long term care facility residents. Complaint resolution may involve issue advocacy.

Based on the provision of the Older Americans Act and the Illinois Act on the Aging, all records of the Illinois Long Term Care Ombudsman Program are confidential and are disclosed only in limited circumstances specifically provided by applicable law.

## **Elder Abuse & Neglect Program**

The Elder Abuse and Neglect Program became statewide on April 1, 1991. It operates in accordance with the Elder Abuse and Neglect Act 320 ILCS 20/1 et seq.), which was signed into law in 1988. The Elder Abuse and Neglect Act directs the Department to establish an intervention program to respond to reports of alleged elder abuse, neglect, and exploitation (ANE) of older persons who live at home, and to work with the older persons in resolving the abusive situations. The Act also provides immunity from civil and criminal prosecution, both for persons who report ANE and for caseworkers who respond to those reports, as long as they act in "good faith" in the best interests of the older person involved.

The Elder Abuse and Neglect Program was amended in 1998 to require professionals to report suspected abuse, neglect and exploitation of persons 60 and over whom, because of a dysfunction, are unable to report for themselves. Other amendments to the Act included improved provisions for access to alleged victims; extended immunity provisions for persons cooperating with investigations; hearsay exceptions for victim testimony; law enforcement referral requirements; and the right to petition a court to freeze a victim's assets pending investigation or interventions.

The Elder Abuse and Neglect Program strives to build on the existing legal, medical, and social service system to assure that it is more responsive to the needs of elder abuse victims and their families. In administering the program, the Department designates regional administrative agencies (Area Agencies on Aging) to coordinate activities at the regional level. The Area Agencies on Aging, with Department approval, appoint local elder abuse provider agencies to respond to reports within their given geographic area.

The service delivery components of the program are intake of reports, assessment, case work, followup, early intervention services, multi-disciplinary teams and public awareness and education. The elder abuse provider agency has 30 days to conduct a comprehensive investigation both to determine if the client has been mistreated and to determine their needs for services and interventions.

If the abuse is substantiated, the elder abuse caseworker involves the older person in the development of a case plan to alleviate the situation. Services might include in-home care; adult day care; respite; health services; counseling, etc. Other interventions might include an order of protection; obtaining a representative payee; and assisting the client in obtaining other legal remedies.

The elder abuse provider agency may keep the case open 15 months from the date of intake in order to monitor the situation and to continually reassess the need for different interventions. If subsequent reports of abuse are received and substantiated, the case may be kept open even longer.

A major guiding principle of the Elder Abuse and Neglect Program is the victim's rights of self-determination. If a victim who is able to consent refuses all services offered, the elder abuse provider agency is required to close the case; however, the agency shall inform the victim of methods to contact the elder abuse agency in the future. Where a victim lacks capacity, and in certain very serious life-threatening cases of abuse or neglect, the elder abuse agency is required to report the situation to law enforcement for investigation. In addition, where a victim who lacks capacity requires a substitute decision maker, the elder abuse agency is authorized to petition for guardianship, although the program may not act as guardian in order to avoid any real or perceived conflicts of interest.

All records concerning reports of elder abuse, neglect, and financial exploitation and all records generated by such reports are confidential and are not disclosed except under specific circumstances authorized by law or with client consent.

A wealth of public education materials on elder abuse continues to be distributed, including information cards directed at four different professional groups (law enforcement, bankers, in-home workers and health care providers), a general information booklet on elder abuse and the elder abuse program, and a poster and corresponding brochure. The materials are designed to inform professionals and the general public about the signs of

abuse, neglect and exploitation and encourage them to report cases to the Elder Abuse and Neglect Program.

The Department, Area Agencies on Aging, and local elder abuse provider agencies make numerous presentations at conferences, workshops, college classes and elsewhere to raise awareness about elder abuse and the Elder Abuse and Neglect Program.

# ELDER RIGHTS INITIATIVE

## PROTECT THE RIGHTS & INTERESTS OF VULNERABLE OLDER PERSONS IN ILLINOIS.

### Background and Analysis

It is estimated that four to five percent of older Americans are mistreated by family members and caregivers. That translates into 75,000 to 95,000 older citizens of Illinois. In addition, the 100,000 plus older persons who reside in Illinois long term care facilities need special attention to insure that their care is adequate and that they are knowledgeable about their rights. Persons over 60 are also especially vulnerable to telemarketing fraud and other scams.

The Department has in place a number of programs to help ensure the rights of older persons, including the Elder Abuse and Neglect Program, the Long Term Care Ombudsman Program and the Legal Services Development Program. These programs, however, need to be strengthened in a number of ways. The Elder Abuse and Neglect Program, for example, is not well known or well understood by other service providers or by the criminal justice system. As a result, the number of reports coming into the program from law enforcement and from professionals such as physicians are not as high as it could and should be. Also, the traditional domestic violence service system, in most areas, does not adequately serve the needs of older battered women. In addition, the Long Term Care Ombudsman Program is not generally known nor readily recognized as a program which protects and promotes the rights and quality of life for people who reside in long term care facilities.

### ILLINOIS DEPARTMENT ON AGING STRATEGIES

- ★ The Department will continue to work with other agencies and associations to improve response to older victims of mistreatment. For example, the Illinois State TRIAD, on which the Department is a very active member, will continue to implement *B\*SAFE, Bankers and Seniors Against Financial Exploitation*, a project to train bank customer service personnel to identify, report and prevent financial abuse of older persons. A pilot program to recruit and train retired financial experts to assist in financial exploitation criminal investigations is being planned. The TRIAD also holds an annual statewide conference on crimes against the elderly for law enforcement officers and aging advocates, and provides specialized training to certify “Elderly Services Officers” two to three times a year. To date over 1,000 such “ESOs” have been trained. The Department has also printed and is distributing over 100,000 “palm cards” on elder abuse for law enforcement officers; the Chicago Police Department alone has received over 30,000.



- ★ In addition, the Department will continue to work with domestic violence advocates to increase recognition of elder abuse as another form of family violence through additional presentations at local Family Violence Coordinating Councils and participation on the Department of Human Services Domestic Violence Advisory Council and the statewide Family Violence Coordinating Council Steering Committee. The service needs of older battered women in particular will continue to be stressed.
- ★ In FY 2002, the Elder Abuse and Neglect Program was invited to participate on the steering committee for Illinois Health Cares, an initiative to promote an improved response by the health care system to domestic violence victims. Although the initial phase of the project focused almost exclusively on younger battered women, the second phase, for which Centers for Disease Control funding is being sought, will specifically target elder abuse and sexual assault victim services. This effort will enable the program to more effectively reach out statewide to health care providers, who are often the key, or even the only link to isolated elder abuse victims.
- ★ The Long Term Care Ombudsman Program is in the process of completely revising its operating standards. A diverse workgroup of Regional Ombudsman, representatives from other state agencies involved in long term care, Area Agencies on Aging, and facility administrators met over several months to develop revisions to strengthen the program and to bring it more in compliance with the reauthorized Older Americans Act. The draft standards, which will provide for a more consistent program throughout Illinois, and which will allow the State Ombudsman to more visibly carry the voice of residents forward in advocating for system wide changes, are in final draft form and will be implemented on October 1, 2003.
- ★ Assisted living facilities are being licensed for the first time in Illinois, which makes the residents in those establishments eligible for LTCOP services. Because no additional state funding was received to add these additional facilities to the program's responsibilities, the LTCOP will prioritize complaints received from all types of facilities, and respond first to those that involve abuse and neglect, involuntary discharge and restraints.
- ★ On the level of systems change and systems advocacy, the Department on Aging's Long Term Care Ombudsman Program has been the nation's forerunner in promoting the national pioneer culture change movement, which focuses on resident centered management and care practices. The goal of this initiative is to improve both the quality of care and the quality of life for residents, and thus reduce the incidence of abuse and neglect in Illinois facilities. The best practice models and approaches also make nursing homes better places to work, so that the high turnover rate and temporary staff costs are ultimately reduced. In 2002, the program was successful in securing Civil Money Penalty funds from the state regulatory agency, which will allow the LTCOP to sponsor numerous additional training sessions and regional peer meetings over the next two years to promote Pioneer practices in Illinois.
- ★ The Department has revised the case record documentation requirements of the Elder Abuse and Neglect Program, provided the Elder Abuse Program Standards Manual on an easily referenced CD-ROM for use by all local programs, and instituted an electronic "Monday Memo" to disseminate timely and consistent information to

local programs statewide. The Department is in the process of providing all the Elder Abuse and Neglect Program forms in computerized formats to the programs, so that record keeping can be more automated and less time consuming.

- ★ Finally, as the Aging Network works to create a broader range of programs and services for older persons in Illinois, the Department, with the rest of the network, will work to create and maintain programs to protect vulnerable older persons, and will strive to insure that their rights are vigorously guarded in every setting.

# **PART VII**

## **FINANCIAL PLAN**

# STATE AGENCY OPERATING BUDGET FOR FY 2003

## TOTAL RESOURCES TO BE USED FOR STATE AGENCY ADMINISTRATION

	<u>Title III</u>	<u>Match to Title III</u>	<u>Other Agency &amp; Resources</u>	<u>Total Agency Budget</u>
Title III: State Admin	\$ 2,427.3			\$ 2,427.3
Title III: (Part B) Long Term Care Ombudsman*	\$ 202.0			\$ 202.0
Other Older Americans Act Funds			\$ 590.7	\$ 590.7
Other Federal Funds				\$ 0.0
State Funds		\$ 819.7	\$ 6,253.8	\$ 7,073.5
Local Public Funds				\$ 0.0
Other (State Trust Fund)			\$ 50.0	\$ 50.0
TOTAL	\$ 2,629.3	\$ 819.7	\$ 6,894.5	\$ 10,343.5

\* Title III supportive service funds (Part B) are used directly by the State Agency only for purposes of operating the Long-Term Care Ombudsman Program.

(\$\$\$s Displayed in Thousands)

## STATE PROGRAM ALLOCATIONS BY PSA FOR FY 2003

<b>PSAs</b>	<b>Title III Funds</b>	<b>Other OAA Funds</b>	<b>Non-Title III Funds</b>	<b>Total Funds Awarded</b>
<b>01</b>	\$2,364,956	\$292,192	\$1,806,530	<b>\$4,463,678</b>
<b>02</b>	\$5,698,963	\$310,308	\$3,209,710	<b>\$9,218,981</b>
<b>03</b>	\$2,476,126	\$145,124	\$1,727,544	<b>\$4,348,794</b>
<b>04</b>	\$1,548,476	\$94,224	\$1,448,785	<b>\$3,091,485</b>
<b>05</b>	\$3,258,907	\$333,653	\$2,087,958	<b>\$5,680,518</b>
<b>06</b>	\$864,083	\$122,381	\$732,496	<b>\$1,718,960</b>
<b>07</b>	\$2,195,486	\$217,143	\$1,542,637	<b>\$3,955,266</b>
<b>08</b>	\$2,375,713	\$195,855	\$1,611,466	<b>\$4,183,034</b>
<b>09</b>	\$947,860	\$53,314	\$772,603	<b>\$1,773,777</b>
<b>10</b>	\$890,403	\$86,648	\$888,782	<b>\$1,865,833</b>
<b>11</b>	\$1,912,542	\$119,767	\$1,690,607	<b>\$3,722,916</b>
<b>12</b>	\$11,507,387	\$1,487,552	\$7,169,179	<b>\$20,164,118</b>
<b>13</b>	\$7,318,444	\$489,226	\$4,068,981	<b>\$11,876,651</b>
<b>Subtotal</b>	<b>\$43,359,346</b>	<b>\$3,947,387</b>	<b>\$28,757,278</b>	<b>\$76,064,011</b>
<b>Other</b>			\$225,386,400	<b>\$225,386,400</b>
<b>TOTAL</b>	<b>\$43,359,346</b>	<b>\$3,947,387</b>	<b>\$254,143,678</b>	<b>\$301,450,411</b>

“Other OAA” Column = Title V Senior Community Service Employment Program and Title VII Elder Abuse and Ombudsman Allocations.

“Non-Title II” Column = State General Revenue Funds including Planning and Service Grants, Home Delivered Meals, Community Based Services, Systems Development Grants, Senior Employment Specialist, Elder Abuse and Neglect Contracts, USDA Allocations, Tobacco Settlement, Red Tape Cutter, GRG and Ombudsman.

“Other” Line = Community Care Program, Foster Grandparent, Retired Senior Volunteer Program and Elder Abuse Money Management funding.

## AREA AGENCY ON AGING PROPOSED FY 2003 EXPENDITURES FOR COORDINATION & PROGRAM DEVELOPMENT

The Older Americans Act regulations require State and Area Agencies on Aging to submit the details of Area Agency's on Aging proposals to pay program development and coordination activities as a cost of supportive services to the general public for review and comment. Below are the Department on Aging definitions for these two services and the amounts projected to be expended by each Area Agency on Aging for FY 2003.

### **Coordination Definition:**

Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relations with other funding agencies and service providers.

### **Program Development Definition:**

Activities directly related to either the establishment of a new service(s); or the improvement, expansion, or integration of an existing service(s) within a specific fiscal year.

Area Agency	Coordination	Program Development
01	\$63,550	\$97,550
02	\$60,404	\$71,729
03	\$31,396	\$257,448
04	\$77,803	\$103,594
05	\$46,218	\$153,459
06	\$0	\$0
07	\$55,713	\$91,360
08	\$52,219	\$87,549
09	\$0	\$0
10	\$6,181	\$5,690
11	\$43,655	\$24,946
12	\$0	\$0
13	\$27,297	\$165,360

# **PART VIII**

## **ASSURANCES**

# **LISTING OF STATE PLAN ASSURANCES**

## **OLDER AMERICANS ACT, AS AMENDED IN 2000**

The Illinois Department on Aging, hereinafter referred to as IDoA, makes the following assurances:

### **State Agency Organization**

#### **Section 305 (a)(1)(A, B & C)**

The IDoA is the sole agency responsible for the development and administration of the State Plan on Aging and will be primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the Older Americans Act.

### **State Agency Responsibilities**

#### **Section 305 (a)(1)(D)**

The IDoA will serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals.

#### **Section 305 (a)(1)(E)**

The IDoA has divided the State into distinct planning and service areas (PSAs) according to statutory and regulatory requirements.

#### **Section 305 (a)(2)(A)**

The IDoA has, except as provided in subsection (b)(5), designated for each planning and service area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the Area Agency on Aging for each area.

#### **Section 305 (a)(2)(B)**

The IDoA will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

#### **Section 305 (a)(2)(C & D)**

The IDoA, will in consultation with area agencies on aging and in accordance with guidelines issued by the Assistant Secretary and requirements of the Older American Act, develop, publish, and submit to the Assistant Secretary for review and comment, a formula for the distribution of Title III funds within the State.

### **Section 305 (a)(2)(E)**

The IDoA will give preference to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan.

### **Section 305 (a)(2)(F)**

The IDoA will require outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English-speaking ability; and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals) and inform these older individuals and caretakers of the availability of such assistance.

### **Section 305 (a)(2)(G)(i)**

The IDoA will set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas.

### **Section 305 (a)(2)(G)(ii)**

The IDoA will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

### **Section 305 (c)(5)**

The IDoA will assure that each designated Area Agency on Aging will have the ability to develop an Area Plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

## **Area Plans**

### **Section 306 (a)(2)**

The IDoA will assure that each Area Agency on Aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- ★ services associated with access (transportation, outreach, information and assistance, and case management services);
- ★ in-home services, including supportive services for families of older individuals who are victims of Alzheimer's Disease and related disorders with neurological and organic brain dysfunction; and

- ✳ legal assistance; and assurances that the Area Agency on Aging will report annually to the State Agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

#### **Section 306 (a)(4)(A)(i)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the Area Plan.

#### **Section 306 (a)(4)(A)(ii)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (C) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area.

#### **Section 306 (a)(4)(A)(iii)**

With respect to the fiscal year preceding the fiscal year for which an Area plan is prepared, the IDoA will require each Area Agency on Aging to—

- (A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (B) describe the methods used to satisfy the service needs of such minority older individuals; and
- (C) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

#### **Section 306 (a)(4)(B)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on—

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

**Section 306 (a)(4)(C)**

The IDoA will require each Area Agency on Aging to provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the Area Agency on Aging, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

**Section 306 (a)(5)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

**Section 306 (a)(9)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

**Section 306 (a)(11)**

The IDoA will require each Area Agency on Aging to provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

**Section 306 (a)(13)(A)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

**Section 306 (a)(13)(B)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will disclose to the Assistant Secretary and the State agency–

- (A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (B) the nature of such contract or such relationship.

**Section 306 (a)(13)(C)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

**Section 306 (a)(13)(D)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

**Section 306 (a)(13)(E)**

The IDoA will require each Area Agency on Aging to provide assurances that the Area Agency on Aging will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

**Section 306 (a)(14)**

The IDoA will require each Area Agency on Aging to provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

**Section 306 (a)(15)**

The IDoA will require each Area Agency on Aging to provide assurances that preference in receiving services under this title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

## **State Plans**

### **Section 307 (a)(1)(A)**

The IDoA will provide assurance that each Area Agency on Aging designated under section 305(a)(2)(A) will be required to develop and submit to the State Agency for approval, in accordance with a uniform format developed by the State Agency, an Area Plan meeting the requirements of section 306.

### **Section 307 (a)(1)(B)**

The IDoA will provide assurance that the State Plan on Aging will be based on Area Plans submitted by the Area Agencies on Aging.

### **Section 307 (a)(2)(A)**

The IDoA will provide assurance that the State Agency will evaluate, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State.

### **Section 307 (a)(2)(B)**

The IDoA will provide assurance that the State Agency will develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need.

### **Section 307 (a)(3)(B)(i)**

With respect to services for older individuals for older individuals residing in rural areas, the IDoA will provide assurance that the State Agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000.

### **Section 307 (a)(3)(B)(ii)**

The IDoA will provide assurances that the State Agency will identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

### **Section 307 (a)(3)(B)(iii)**

The IDoA will provide assurance that the State Plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which the State plan applies.

### **Section 307 (a)(4)**

The IDoA will provide assurance that the State Agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and Title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority individuals and older individuals residing in rural areas.

**Section 307 (a)(5)(A-C)**

The IDoA will provide assurance that the State Agency will afford an opportunity for a hearing upon request, in accordance with published procedures, to any Area Agency on Aging submitting an Area Plan under this title, to any provider of (or applicant to provide) services; will issue guidelines applicable to grievance procedures required by section 306(a)(10); and will afford an opportunity for a public hearing, upon request, by any Area Agency on Aging, by any provider (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

**Section 307 (a)(6)**

The IDoA will assure that the State Agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

**Section 307 (a)(7)(A)**

The IDoA will assure that fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

**Section 307 (a)(7)(B)**

The IDoA will assure that—

- (A) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;
- (B) no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and
- (C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

**Section 307 (a)(8)**

The IDoA will assure that no supportive services, nutrition services, or in-home services are directly provided by the State Agency or an Area Agency on Aging in the State, unless, in the judgement of the State Agency—

- (A) provision of such services by the State Agency or the Area Agency on Aging is necessary to assure an adequate supply of such services;
- (B) such services are directly related to such State Agency's or Area Agency on Aging's administrative functions, or
- (C) such services can be provided more economically, and with comparable quality, by such State Agency or Area Agency on Aging.

**Section 307 (a)(9)**

The IDoA will assure that the State agency will carry out, through the Office of the State LongTerm Care Ombudsman, a State LongTerm Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

**Section 307 (a)(10)**

The IDoA will assure that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

**Section 307 (a)(11)(A)**

The IDoA will assure that area agencies on aging will—

- (A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (B) include in any such contract provisions to assure that any recipient of funds under (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

**Section 307 (a)(11)(B)**

The IDoA assures that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the Area Agency on Aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

**Section 307 (a)(11)(D)**

The IDoA assures, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.

**Section 307 (a)(11)(E)**

The IDoA assures that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

**Section 307 (a)(12)**

Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the IDoA assures that any Area Agency on Aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

**Section 307 (a)(13)**

The IDoA will assure that the State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

**Section 307 (a)(14)**

The IDoA will assure that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the Area Agency on Aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include—
  - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
  - (ii) providing guidance to individuals engaged in the delivery of supportive services under the Area Plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

**Section 307 (a)(16)**

The IDoA will assure that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance.

**Section 307 (a)(17)**

The IDoA will assure, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

**Section 307 (a)(18)**

The IDoA will assure that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

**Section 307 (a)(19)**

The IDoA will include in the State Plan the assurances and description required by section 705(a).

**Section 307 (a)(20)**

The IDoA will assure that special efforts will be made to provide technical assistance to minority providers of services.

**Section 307 (a)(21)**

The IDoA will assure that the State agency will–

- (A) coordinate programs under this title and programs under Title VI, if applicable; and
- (B) pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

**Section 307 (a)(22)**

If case management services are offered to provide access to supportive services, IDoA will ensure compliance with the requirements specified in section 306(a)(8).

**Section 307 (a)(23)**

The IDoA assures that demonstrable efforts will be made–

- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
- (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

**Section 307 (a)(24)**

The IDoA will assure that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under Title VI, to comprehensive counseling services, and to legal assistance.

**Section 307 (a)(25)**

The IDoA will assure that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

**Section 307 (a)(26)**

The IDoA will assure that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

**Administration of State Plans****Section 308 (b)(3)(E)**

The IDoA assures that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

## **Additional State Plan Requirements Relative to Title VII**

### **Section 705 (a)(1)**

The IDoA will assure that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

### **Section 705 (a)(2)**

The IDoA will assure that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VII, and other interested persons and entities regarding programs carried out under this subtitle.

### **Section 705 (a)(3)**

The IDoA will assure that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

### **Section 705 (a)(4)**

The IDoA will assure that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

### **Section 705 (a)(5)**

The IDoA will assure that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

### **Section 705 (a)(6)**

The IDoA will assure that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinate with existing State adult protective service activities for—
  - (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except–
  - (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order.

## **Case Management, Information and Assistance & Outreach**

### **Section 307 (8)(B & C)**

Area Agencies on Aging are allowed to directly provide case management, information and assistance, and outreach services if they submit a direct service waiver in their Area Plans and it is approved by the IDoA per Older Americans Act requirements and IDoA policies and procedures.

## **Regulatory Assurances**

### **1321.17 (f)(1)**

The IDoA will assure that each area agency engages solely in activities which are consistent with its statutory mission as prescribed in the Act and specified in State policies under Section 1321.11.

### **1321.17 (f) (2)**

The IDoA will assure that preference is given to older persons in greatest social or economic need in the provision of services under the State plan.

### **1321.17 (f)(3)**

The IDoA will assure that procedures exist to ensure that all services under this Part are provided without use of any means tests.

### **1321.17 (f)(4)**

The IDoA will assure that all services provided under Title III meet any existing State and local licensing, health and safety requirements for the provision of those services.

### **1321.17 (f)(5)**

The IDoA will assure that older persons are provided opportunities to contribute voluntarily to the cost of services.

**1321.17 (f)(6)**

The IDoA will assure that area plans shall specify as submitted, or be amended annually to include, details of the amount of funds expended for each priority service during the last fiscal year.

**1321.17 (f)(7)**

The IDoA will develop policies governing all aspects of programs operated under this part, including the manner in which the ombudsman program operates at the State level and the relation of the ombudsman program to area agencies where area agencies have been designated.

**1321.17 (f)(8)**

The IDoA will require area agencies on aging to arrange for outreach at the community level that identifies individuals eligible for assistance under this Act and other programs, both public and private, and informs them of the availability of assistance. The outreach efforts shall place special emphasis on reaching older individuals with greatest economic or social needs with particular attention to low income minority individuals, including outreach to identify older Native Americans in the planning and service area and inform such older Native Americans of the availability of assistance under the Act.

**1321.17 (f)(9)**

The IDoA will have and employ appropriate procedures for data collection from area agencies on aging to permit the State to compile and transmit to the Commissioner accurate and timely statewide data requested by the Commissioner in such form as the Commissioner directs.

**1321.10 (f)(10)**

If the IDoA proposes to use funds received under section 303(f) of the Act for services other than those for preventive health specified in section 361, the State plan shall demonstrate the unmet need for the services and explain how the services are appropriate to improve the quality of life of older individuals, particularly those with greatest economic or social need, with special attention to low income minorities.

**1321.17 (f)(11)**

The IDoA will assure that area agencies shall compile available information, with necessary supplementation, on courses of post-secondary education offered to older individuals with little or no tuition. The assurance shall include a commitment by the area agencies to make a summary of the information available to older individuals at multipurpose senior centers, congregate nutrition sites, and in other appropriate sites, and in other appropriate places.

**1321.17 (f)(12)**

The IDoA will assure that individuals with disabilities that reside in a non-institutional household and accompanies a person eligible for congregate meals under this Part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to section 307 (a)(13)(I) of the Act.

**1321.17(f)(13)**

The IDoA will assure that the services provided under this part will be coordinated, where appropriate, with the services provided under Title VI of the Act.

**1321.17 (f)(14)(i)**

The IDoA will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans.

**1321.17 (f)(14)(ii)**

The IDoA and the area agencies on aging will, consistent with budgeting cycles (annually, biannually, or otherwise) submit the details of proposals to pay for program development and coordination as a cost of supportive services to the general public for review and comment.

**1321.17 (f)(14)(iii)**

The IDoA will certify that any expenditure of funds for program development and/or coordination by an area agency will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

**1321.17 (f)(15)**

The IDoA will assure that where there is a significant population of older Native Americans in any planning and service area that the area agency will provide for outreach as required by section 306 (a)(6)(N) of the Act.

# **PART IX**

## **APPENDICES**



## **APPENDIX A**

### **ILLINOIS COUNCIL ON AGING MEMBERSHIP**

## PUBLIC MEMBERS

<p>O'CONNOR, Robert J. (Chair) 118 South Commonwealth Aurora, Illinois 60506</p>	<p>GANZER, Lynda 11314 South Talman Avenue Chicago, Illinois 60655</p>
<p>ALDAG, Jean, Ph.D. (First Vice Chair) 209 Coventry Lane East Peoria, Illinois 61611</p>	<p>JAEGER, Ronald H. 3204 West Parkridge Drive Peoria, Illinois 61604</p>
<p>CIANCHETTI, Ralph 548 Hill Street Highland Park, Illinois 60035</p>	<p>MESROBIAN, Dr. Armen Z. (2nd V.Chair) 39203 North Spruce Lake Villa, Illinois 60046</p>
<p>CROWDER, Charles A. 114 West 3<sup>rd</sup> Street Flora, Illinois 62839</p>	<p>MEYER, William D. 600 South Koscuisko Street Jacksonville, Illinois 62650</p>
<p>DAY, Donna J. 3003 North Bigelow Peoria, Illinois 61604</p>	<p>MILLER, Marc R. 4012 Golf Creek Drive Champaign, Illinois 61821</p>
<p>FLYNN-CHILDRESS, Joyce A. 1603 Garfield Avenue Aurora, Illinois 60506</p>	<p>MOORE, Daniel M., Jr. (Secretary) 418 Woodhill Drive Decatur, Illinois 62521</p>
<p>FOWLER, Naomi 3500 Tilbury Court Springfield, Illinois 62704</p>	<p>SODEMANN, Marjorie E. 3202 Valley Brook Drive Champaign, Illinois 61822</p>
<p>FRAZIER, Anthany 5521 South Everett Ave., Suite B Chicago, Illinois 60637</p>	<p>TAYLOR, Patricia 1876 Somerset Lane Northbrook, Illinois 60062</p>
<p>GALVAN, Alfred 1401 South Stewart Lombard, Illinois 60148</p>	<p>THURSTON, Charles A. 1 S 761 Equestrian Circle Winfield, Illinois 60190</p>

## PUBLIC MEMBERS - CONTINUED

<p>VERDU, Eugene (Asst. Secretary) 1849 Spruce Hill Drive Belleville, Illinois 62221</p>	<p>WEISMEHL, Ronald 50 East Bellevue Place, #1304 Chicago, Illinois 60611</p>
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## LEGISLATIVE MEMBERS

SENATE	HOUSE
<p>JONES, Wendell 105-C Capitol Building Springfield, Illinois 62706</p>	<p>HOLBROOK, Thomas "Tom" 269-S Stratton Building Springfield, Illinois 62706</p>
<p>SULLIVAN, David 119 State House Springfield, Illinois 62706</p>	<p>MCGUIRE, John C. "Jack" 239-E Stratton Building Springfield, Illinois 62706</p>
<p>VIVERITO, Louis "Lou" 218-A State House Springfield, Illinois 62706</p>	<p>SAVIANO, Angelo "Skip" 314 State House Springfield, Illinois 62706</p>
<p>WELCH, Patrick 121-A State House Springfield, Illinois 62706</p>	



## **APPENDIX B**

### **INTRASTATE FUNDING FORMULA**

# INTRASTATE FUNDING FORMULA

## A. INTRODUCTION

The Illinois Department on Aging allocates Title III and State General Revenue Funds appropriated for distribution to the thirteen (13) Area Agencies on Aging on a formula basis in accordance with the Older Americans Act and its regulations. Section 1321.37 (a) of the Older Americans Act regulations further requires the Department to "review and update its formula as often as a new State plan is submitted for approval." Illinois is in the last year of a three year plan period. A new State plan has been developed for FY 2003 through FY 2005. **Based upon our review of the formula, the Department has decided not to change the intrastate funding formula.**

## B. FORMULA GOALS AND ASSUMPTIONS

The goals to be achieved through the intrastate funding formula are as follows:

- ❶ To develop a formula consistent with the purpose and requirements of the OAA and its regulations.
- ❷ To provide resources across the state for home and community based services for older persons over the age of 60.
- ❸ To target resources to areas of the State with higher concentrations of older persons in greatest economic and social need, with special emphasis on low-income minority older persons.
- ❹ To develop a formula that distributes resources solely on the population characteristics of each planning and service area and that will reflect changes in those characteristics among the PSAs as updated data become available.
- ❺ To develop a formula that is easily understood.

In reviewing the intrastate funding formula, certain assumptions were made about the formula, its factors, and the effect of the distribution of funds on the service delivery system across the State. Some of the major assumptions implicit in the review of the formula were:

- ❶ The weights assigned to the formula factors should represent the emphasis and priority placed on the specific characteristics of persons over the age of 60.
- ❷ Funding formula factors must be derived from data which is quantifiable by Planning and Service Area, be based on data from the Bureau of Census, and characterize at least five percent of the State's population 60 years of age and older.
- ❸ Older persons are currently receiving services based on existing historical patterns of service delivery. The effect on older persons presently receiving Title III services should be considered when developing and implementing a formula.

- ④ The low revenue generating potential of rural areas and the high proportion of elderly in rural areas, including low-income elderly, necessitates a greater dependence on the Title III service system to meet the service needs of rural elderly. The funding formula should compensate for these factors.
- ⑤ Additional resources to PSAs with greater concentrations of older persons and older persons in greatest economic and social need will provide those Area Agencies with the necessary resources to implement additional targeting strategies at the regional level. It is the **combination** of federal, state, regional, and local targeting efforts that will implement this fundamental mandate of the Older Americans Act.

### C. FUNDING FORMULA DEFINITIONS

**Base** means the allocation for Federal Fiscal Year (FFY) 1992 as of March 1, 1992, for each source of funds (e.g., Title III-B, Title III-C1, Title III-C2, Title III-D, GRF Match, GRF Home Delivered Meals, etc.) distributed by the Department to the 13 Area Agencies on Aging for their respective Planning and Service Areas. In Federal FY 1993, the "base" means two-thirds of the FFY 1992 base for each source of funds. In Federal FY 1994, the "base" means one-third of the FY 1992 base for each source of funds. Each Area Agency on Aging has a "base" level for each source of funds it receives from the Department to be administered through the Area Plan on Aging.

**Bureau of the Census** means the Bureau of the Census, U.S. Department of Commerce.

**Housing unit** means a house, an apartment, a group of rooms, or a single room occupied as a separate living quarters.

**Living alone** means being the sole resident of a housing unit.

**Minority group** means those persons who identify themselves as belonging to a particular ethnic/racial grouping as classified in the Bureau of the Census.

**PSA** means a Planning and Service Area which is designated by the Illinois Department on Aging and Illinois Act on Aging.

**Poverty threshold** means the income cutoff which determines an individual's poverty status as defined by the Bureau of the Census.

**Rural area** means a geographic location not within a Metropolitan Statistical Area (MSA) as defined by the Bureau of the Census.

### D. FUNDING FORMULA FACTORS AND WEIGHTS

In order for a particular factor to be included in the intrastate funding formula, it must:

- ① Be derived from data which is quantifiable by PSA;
- ② Be based on data which is derivable from the Bureau of the Census; and
- ③ Characterizes at least 5 percent of the state's population 60 years of age and older.

The formula contains the following factors:

- ❶ The number of the state's population 60 years of age and older in the PSAs as an indicator of need in general (60+ population).
- ❷ The number of the state's population 60 years of age and older at or below the poverty threshold in the PSAs as an indicator of creates economic need (GEN - 60+ Poverty).
- ❸ As indicators of greatest social need, the number of the state's elderly in the PSAs who are:
  - a) 60 years of age and over and a member of a minority group (GSN - 60+ Minority);
  - b) 60 years of age and over and living alone (GSN - 60+ Living Alone); and
  - c) 75 years of age and over (GSN - 75+ Population).
- ❹ The number of the state's population 60 years of age and older residing in rural areas of the PSAs as a means of assuring that the state will spend for each year of the State Plan, not less than the amount expended for such services for Fiscal Year 2000.

The funding formula factors are weighted as follows:

60+ Population	<b>41.0%</b>
Greatest Economic Need: (60+ Poverty)	<b>25.0%</b>
Greatest Social Need:	<b>25.0%</b>
(60+ Minority - 10.0%)	
(60+ Living Alone - 7.5%)	
(75+ Population - 7.5%)	
60+ Rural	<b>9.0%</b>

## **E. APPLICATION OF THE INTRASTATE FUNDING FORMULA**

The intrastate funding formula is:

- ❶  $A = (.41 POP-60 + .25 POV-60 + .10 MIN-60 + .075 LA-60 + .075 POP-75 + .09 RUR-60) \times (T)$

② Where:

- A)  $A$  = Funding allocation from a specific source of funds to a particular PSA.
- B)  $POP-60$  = Percentage of the state's population within the particular PSA age 60 and older.
- C)  $POV-60$  = Percentage of the state's population within the particular PSA age 60 and older at or below the poverty threshold.
- D)  $MIN-60$  = Percentage of the state's population within the particular PSA age 60 and older and a member of a minority group.
- E)  $LA-60$  = Percentage of the state's population within the particular PSA age 60 and older and living alone.
- F)  $POP-75$  = Percentage of the state's population within the particular PSA age 75 and older.
- G)  $RUR-60$  = Percentage of the state's population within the particular PSA age 60 and older not residing MSA.
- H)  $T$  = The total amount of funds appropriated from a specific source of funds.

The data used in the Intrastate Funding Formula reflects the most current and a up-to-date information from the Bureau of the Census, including mid-census estimates when available.

## **F. OTHER FUNDING FORMULA PROVISIONS**

The only exceptions to the above provisions will be the distribution of Ombudsman and Title VII funds and in instances of a legislatively directed program requiring funding at a designated level for a defined target population. These funds will be distributed in accordance with the prescribed formula stated in the applicable legislation. If there is not a prescribed formula stated in the applicable legislation, the Department has the authority to determine the methodology to be used to distribute the funds.

Whenever the Director determines that any amount allotted to an Area Agency on Aging for a fiscal year under this formula will not be used by such Area Agency on Aging for carrying out the purposes for which the allotment was made, the Director may, in accordance with this subsection, make such allotment available for carrying out such purpose to one or more other Area Agencies on Aging to the extent the Director determines that such other Area Agencies on Aging will be able to use such additional amount for carrying out such purpose. Funds will be reallocated to those Area Agencies on Aging which request and demonstrate the need for additional funds in accordance with procedures developed by the Department. Any reallocation amount made available to an Area Agency on Aging from an appropriation for a fiscal year in accordance with the preceding sentence shall, for the purposes of this title, be regarded as part of such Area Agency's allotment for such year, and shall remain available only until the end of that fiscal year. Funds available for reallocation will be:

- ① Those in excess of an Area Agency's allowable carryover amount determined by the financial closeout of the Fiscal Year;

- ② Those carryover funds available to an Area Agency on Aging determined by the financial closeout of the Fiscal Year but not requested by an Area Agency on Aging; and
- ③ Those funds offered to the Department for reallocation by an Area Agency on Aging.

If the Director finds that any Area Agency on Aging has failed to qualify under the Area Plan requirements of the Older Americans Act, or Section 230.140 of the Department's administrative rules, the Director may withhold the allotment of funds to such Area Agency on Aging. The Director shall direct the disbursement of the funds so withheld directly to any qualified public or private nonprofit institution or organization, agency, or political subdivision in order to ensure continuity of services pursuant to Section 230.145 of the Department's administrative rules.

The allotment to an Area Agency on Aging may be reduced by the amount of any disallowance if that Area Agency on Aging has expended funds allocated under this Part:

- ① For purposes which an audit report determines to be questions costs which are deemed disallowed by the Department;
- ② For purposes which an audit report determines to be unallowable; or
- ③ For purposes which are otherwise determined to be unallowable according to cost principles contained in applicable OMB Circulars or the approved grant/contract award.

This reduction will occur in the Fiscal Year following the identification of the disallowance.

If an Area Agency on Aging does not expend the required minimum percentage of their Title III-B allocation on access services, in-home services, and legal services as established by the Department, pursuant to the Older Americans Act in a Fiscal Year as determined by the financial closeout report, and no waiver of the requirement has to be granted by the Department for that Fiscal Year, the Area Agency on Aging must, for the next fiscal year following the submission of their report, expend the minimum percentage in the reported year. If the Area Agency on Aging does not expend the required expenditure amount may be withheld from the Area Agency on Aging during the Fiscal Year following the Fiscal Year in which the shortage is determined.

**APPENDIX C**

**% SHARE OF DEMOGRAPHIC  
CHARACTERISTICS &  
WEIGHTED FORMULA  
BY  
PLANNING & SERVICE AREA (PSA)**

## Illinois Department on Aging

### Demographic Characteristics of Older Persons by Planning & Service Area

PSA	60+ Population	GEN Poverty	Minority	75+	Living Alone	60+ Rural
01	111,373	7,090	6,043	41,816	28,781	47,907
02	356,592	15,820	35,538	123,256	78,739	0
03	99,574	6,465	4,012	39,836	28,549	56,327
04	77,981	4,845	3,566	30,410	20,591	8,793
05	138,592	9,625	6,700	53,486	38,963	50,269
06	27,852	2,435	459	11,799	7,640	26,603
07	88,517	6,855	2,893	34,956	25,500	38,326
08	115,268	9,070	12,582	43,013	31,212	9,891
09	30,783	2,955	841	12,486	8,803	30,783
10	28,695	2,380	308	11,627	8,263	28,695
11	59,199	6,650	2,718	23,456	18,077	59,199
12	398,560	60,835	212,471	138,888	112,768	0
13	429,925	22,225	61,065	162,749	106,271	0
<b>Total</b>	<b>1,962,911</b>	<b>157,250</b>	<b>349,196</b>	<b>727,778</b>	<b>514,157</b>	<b>356,793</b>

### % Share of Demographic Characteristics by Planning & Service Area

PSA	60+ Population	GEN Poverty	Minority	75+	Living Alone	60+ Rural	IFF Weight
01	5.67	4.51	1.73	5.75	5.60	13.43	5.69
02	18.17	10.06	10.17	16.94	15.31	0.00	13.39
03	5.07	4.11	1.15	5.47	5.55	15.79	5.47
04	3.97	3.08	1.02	4.18	4.00	2.46	3.33
05	7.06	6.12	1.92	7.35	7.58	14.09	7.01
06	1.43	1.55	0.13	1.62	1.49	7.46	1.89
07	4.51	4.36	0.83	4.80	4.96	10.74	4.72
08	5.87	5.77	3.60	5.91	6.07	2.77	5.36
09	1.57	1.88	0.24	1.72	1.71	8.63	2.17
10	1.46	1.51	0.09	1.60	1.61	8.04	1.95
11	3.02	4.23	0.78	3.22	3.52	16.59	4.37
12	20.30	38.69	60.85	19.08	21.93	0.00	27.16
13	21.90	14.13	17.49	22.36	20.67	0.00	17.49
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## **APPENDIX D**

### **FY 2003 PLANNING ALLOCATIONS**

**Illinois Department on Aging - FY 2003 Federal Planning Allocations**

PSA	III-B Ombud.	III-B CBS	III-C1	III-C2	III-D	III-E	Total	VII EA	VII Ombud.	Total VII
01	42,823	704,540	893,526	380,118	42,916	301,033	2,364,956	16,869	31,775	48,644
02	120,835	1,694,773	2,149,381	914,374	95,463	724,137	5,698,963	29,713	89,660	119,373
03	36,854	739,443	937,793	398,949	47,140	315,947	2,476,126	8,111	27,346	35,457
04	30,816	458,920	582,022	247,600	33,032	196,086	1,548,476	6,172	22,866	29,038
05	54,067	973,428	1,234,542	525,190	55,757	415,923	3,258,907	21,728	40,118	61,846
06	14,368	257,254	326,260	138,795	17,487	109,919	864,083	4,778	10,660	15,438
07	36,369	654,123	829,586	352,917	43,000	279,491	2,195,486	13,521	26,986	40,507
08	47,751	704,540	893,526	380,118	48,745	301,033	2,375,713	7,869	35,431	43,300
09	13,742	283,109	359,050	152,745	18,248	120,966	947,860	4,957	10,197	15,154
10	14,159	265,010	336,097	142,980	18,924	113,233	890,403	4,832	10,506	15,338
11	24,708	571,388	724,658	308,279	39,368	244,141	1,912,542	6,949	18,334	25,283
12	109,592	3,443,841	4,367,622	1,858,042	256,819	1,471,471	11,507,387	23,801	81,317	105,118
13	147,973	2,176,963	2,760,913	1,174,528	127,903	930,164	7,318,444	42,045	109,795	151,840
<b>Total</b>	<b>694,057</b>	<b>12,927,332</b>	<b>16,394,976</b>	<b>6,974,635</b>	<b>844,802</b>	<b>5,523,544</b>	<b>43,359,346</b>	<b>191,345</b>	<b>514,991</b>	<b>706,336</b>

TITLE III-B	INCLUDES	TITLE III-C1	INCLUDES	TITLE III-C2	INCLUDES	TITLE III-D	INCLUDES
FY 03 FUNDS	14,550,971	FY 03 FUNDS	17,257,869	FY 03 FUNDS	7,341,721	FY 03 FUNDS	889,265
IdOA ADMIN.	727,549	IdOA ADMIN.	862,893	IdOA ADMIN.	367,086	IdOA ADMIN.	44,463
IdOA OMBUD.	202,033						
III-B DISTRIB.	13,621,389	III-C1 DISTRIB.	16,394,976	III-C2 DISTRIB.	6,974,635	III-D DISTRIB.	844,802

TITLE III-E	INCLUDES	TITLE VII	INCLUDES	TITLE VII OMB.	INCLUDES
FY 03 FUNDS	5,814,257	FY 03 FUNDS	210,889	FY 03 FUNDS	542,096
IdOA ADMIN.	290,713	IdOA ADMIN.	10,544	IdOA ADMIN.	27,105
		M-TEAM	9,000		
III-E DISTRIB.	5,523,544	VII EA DISTRIB.	191,345	VII OMB. DISTRIB.	514,991

## Illinois Department on Aging - FY 2003 GRF Planning Allocations

PSA	Title III Adm. Match	Title III Service Match	Home Del. Meals	Comm.-Based Services	Comm.-Based Services	Ombudsman Services	Total GRF	Total Federal	Total Funds Federal & State
01	79,137	45,848	360,708	169,342	153,846	28,440	837,321	2,413,600	3,250,921
02	190,799	109,852	867,685	407,354	153,846	64,620	1,794,156	5,818,336	7,612,492
03	82,912	48,265	378,578	177,732	153,846	23,820	865,153	2,511,583	3,376,736
04	51,838	29,574	234,957	110,306	153,846	19,180	599,701	1,577,514	2,177,215
05	109,194	63,491	498,373	233,972	153,846	34,740	1,093,616	3,320,753	4,414,369
06	30,203	15,434	131,709	61,834	153,847	8,000	401,027	879,521	1,280,548
07	72,312	43,729	334,896	157,224	153,846	24,320	786,327	2,235,993	3,022,320
08	79,572	45,413	360,708	169,342	153,846	31,640	840,521	2,419,013	3,259,534
09	31,800	18,423	144,945	68,048	153,846	9,920	426,982	963,014	1,389,996
10	29,767	17,246	135,680	63,698	153,847	10,360	410,598	905,741	1,316,339
11	64,035	37,329	292,538	137,338	153,846	18,560	703,646	1,937,825	2,641,471
12	385,372	225,563	1,763,168	827,758	153,846	53,480	3,409,187	11,612,505	15,021,692
13	245,105	141,087	1,114,555	523,252	153,846	72,920	2,250,765	7,470,284	9,721,049
<b>Total</b>	<b>1,452,046</b>	<b>841,254</b>	<b>6,618,500</b>	<b>3,107,200</b>	<b>2,000,000</b>	<b>400,000</b>	<b>14,419,000</b>	<b>44,065,682</b>	<b>58,484,682</b>

## FY 2003 Nutrition Services Incentive Program Allocations

PSA	FY 2002 Congregate Meals	FY 2002 Home Delivered Meals	FY 2002 Total Meals	Percent of Meals	FY 03 NSIP Allocation
01	196,653	404,193	600,846	5.83	361,640
02	250,463	678,995	929,458	9.01	558,898
03	210,850	434,801	645,651	6.26	388,313
04	163,040	210,289	373,329	3.62	224,552
05	257,428	355,429	612,857	5.94	368,463
06	89,809	209,579	299,388	2.90	179,889
07	212,497	297,276	509,773	4.94	306,432
08	252,035	349,784	601,819	5.84	362,260
09	117,307	120,598	237,905	2.31	143,291
10	185,725	197,801	383,526	3.72	230,755
11	294,894	445,087	739,981	7.18	445,381
12	813,108	2,677,548	3,490,656	33.86	2,100,363
13	342,157	543,287	885,444	8.59	532,845
<b>Total</b>	<b>3,385,966</b>	<b>6,924,667</b>	<b>10,310,633</b>	<b>100.00</b>	<b>6,203,082</b>



**APPENDIX E**

**2000 CENSUS INFORMATION**

**BY**

**PLANNING & SERVICE AREA (PSA)**

## 2000 CENSUS INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 01	Boone	6,041	4,463	2,044	511	3,380	218	1,359	0	340	245	N/A
	Carroll	4,037	3,211	1,549	418	2,232	81	1,059	4,037	255	176	N/A
	DeKalb	11,261	8,711	4,426	1,202	6,521	361	2,927	0	510	363	N/A
	JoDaviess	5,287	3,998	1,858	458	2,866	45	1,370	5,287	355	289	N/A
	Lee	6,841	5,288	2,589	728	3,841	216	1,826	6,841	520	431	N/A
	Ogle	9,012	6,855	3,323	886	4,982	160	2,189	9,012	495	339	N/A
	Stephenson	10,286	8,026	4,091	1,189	5,965	474	2,849	10,286	840	637	N/A
	Whiteside	12,444	9,740	4,823	1,302	7,158	587	3,141	12,444	660	443	N/A
	Winnebago	46,164	35,450	17,113	4,322	26,512	3,901	12,061	0	3,115	2,266	N/A
	<b>PSA Total</b>	<b>111,373</b>	<b>85,742</b>	<b>41,816</b>	<b>11,016</b>	<b>63,457</b>	<b>6,043</b>	<b>28,781</b>	<b>47,907</b>	<b>7,090</b>	<b>5,189</b>	<b>0</b>
PSA 02	DuPage	119,273	88,794	43,236	11,615	68,830	11,087	26,111	0	4,385	3,523	N/A
	Grundys	6,044	4,607	2,315	617	3,428	110	1,568	0	320	257	N/A
	Kane	46,132	33,981	16,110	4,372	26,297	5,364	10,502	0	2,175	1,570	N/A
	Kankakee	17,608	13,584	6,588	1,552	10,015	2,056	4,638	0	1,295	901	N/A
	Kendall	6,505	4,635	2,161	536	3,632	250	1,358	0	260	199	N/A
	Lake	75,380	54,989	24,364	6,041	42,065	8,912	16,275	0	3,555	2,480	N/A
	Henry	28,640	20,913	9,562	2,447	16,108	917	6,378	0	990	711	N/A
	Will	57,010	41,610	18,920	4,609	32,361	6,842	11,909	0	2,840	2,160	N/A
	<b>PSA Total</b>	<b>356,592</b>	<b>263,113</b>	<b>123,256</b>	<b>31,789</b>	<b>202,736</b>	<b>35,538</b>	<b>78,739</b>	<b>0</b>	<b>15,820</b>	<b>11,801</b>	<b>0</b>

## 2000 CENSUS INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
<b>PSA 03</b>	Bureau	7,967	6,299	3,381	929	4,626	193	2,254	7,967	495	358	N/A
	Henderson	1,829	1,373	616	162	1,017	20	481	1,829	145	129	N/A
	Henry	10,583	8,341	4,256	1,168	6,121	233	2,938	0	680	519	N/A
	Knox	12,390	9,780	5,060	1,481	7,208	594	3,550	12,390	785	550	N/A
	LaSalle	23,125	18,292	9,481	2,624	13,274	466	6,578	23,125	1,485	1,070	N/A
	McDonough	5,849	4,652	2,453	724	3,429	115	1,690	5,849	410	308	N/A
	Mercer	3,523	2,702	1,370	372	1,963	30	876	0	260	216	N/A
	Putnam	1,264	967	465	116	690	18	341	1,264	35	30	N/A
	Rock Island	29,141	22,564	11,192	3,011	16,940	2,248	8,803	0	1,915	1,456	N/A
	Warren	3,903	3,061	1,562	453	2,255	95	1,038	3,903	255	197	N/A
	<b>PSA Total</b>	<b>99,574</b>	<b>78,031</b>	<b>39,836</b>	<b>11,040</b>	<b>57,523</b>	<b>4,012</b>	<b>28,549</b>	<b>56,327</b>	<b>6,465</b>	<b>4,833</b>	<b>0</b>
<b>PSA 04</b>	Fulton	8,793	7,015	3,684	1,007	5,028	109	2,454	8,793	635	453	N/A
	Marshall	3,113	2,473	1,292	389	1,772	28	726	0	140	121	N/A
	Peoria	33,236	25,981	13,080	3,565	19,465	3,080	9,300	0	2,395	1,740	N/A
	Stark	1,498	1,215	661	199	872	14	419	0	100	87	N/A
	Tazewell	24,727	19,099	8,862	2,420	14,131	279	6,196	0	1,325	936	N/A
	Woodford	6,614	5,242	2,831	900	3,823	56	1,496	0	250	197	N/A
	<b>PSA Total</b>	<b>77,981</b>	<b>61,025</b>	<b>30,410</b>	<b>8,480</b>	<b>45,091</b>	<b>3,566</b>	<b>20,591</b>	<b>8,793</b>	<b>4,845</b>	<b>3,534</b>	<b>0</b>

## 2000 CENSUS INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 05	Champaign	22,861	17,470	8,356	2,278	13,092	2,280	6,475	0	1,080	824	N/A
	Clark	3,823	3,061	1,597	468	2,219	34	1,115	3,823	310	212	N/A
	Coles	9,037	7,067	3,556	967	5,318	148	2,723	9,037	865	609	N/A
	Cumberland	2,265	1,782	920	253	1,333	18	681	2,265	190	150	N/A
	DeWitt	3,462	2,666	1,370	359	2,005	37	975	3,462	255	179	N/A
	Douglas	4,121	3,180	1,562	411	2,409	51	1,070	4,121	270	229	N/A
	Edgar	4,413	3,494	1,858	564	2,667	52	1,323	4,413	415	317	N/A
	Ford	3,379	2,764	1,495	468	2,025	30	962	0	175	141	N/A
	Iroquois	7,158	5,672	2,939	811	4,059	126	1,819	7,158	430	349	N/A
	Livingston	7,641	6,059	3,138	968	4,481	97	2,050	7,641	595	472	N/A
	McLean	19,048	14,621	7,100	1,970	11,095	676	5,358	0	915	700	N/A
	Macon	22,418	17,481	8,423	2,159	13,077	1,852	6,277	0	1,715	1,357	N/A
	Moultrie	3,163	2,524	1,353	450	1,869	25	727	3,163	200	165	N/A
	Piatt	3,325	2,529	1,242	325	1,904	26	859	0	180	147	N/A
	Shelby	5,186	4,077	2,035	540	2,898	38	1,353	5,186	445	374	N/A
	Vermillion	17,292	13,425	6,542	1,606	9,917	1,210	5,196	0	1,585	1,166	N/A
PSA Total		138,592	107,872	53,486	14,597	80,368	6,700	38,963	50,269	9,625	7,391	0

# 2000 CENSUS INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 06	Adams	14,938	12,025	6,427	1,916	8,585	348	4,024	14,938	1,170	919	N/A
	Brown	1,145	882	467	142	657	17	339	1,145	95	82	N/A
	Calhoun	1,249	975	467	138	670	12	320	0	125	90	N/A
	Hancock	4,634	3,675	1,886	528	2,680	40	1,276	4,634	350	280	N/A
	Pike	4,157	3,346	1,843	567	2,390	34	1,226	4,157	480	354	N/A
	Schuyler	1,729	1,389	709	205	984	8	455	1,729	215	172	N/A
	<b>PSA Total</b>	<b>27,852</b>	<b>22,292</b>	<b>11,799</b>	<b>3,496</b>	<b>15,966</b>	<b>459</b>	<b>7,640</b>	<b>26,603</b>	<b>2,435</b>	<b>1,897</b>	<b>0</b>
PSA 07	Cass	2,769	2,150	1,097	308	1,611	35	778	2,769	200	132	N/A
	Christian	7,718	6,094	3,161	973	4,559	90	2,313	7,718	700	585	N/A
	Greene	3,262	2,584	1,312	362	1,869	29	910	3,262	335	222	N/A
	Jersey	4,069	3,114	1,485	421	2,325	41	1,085	0	205	162	N/A
	Logan	5,947	4,691	2,468	710	3,520	99	1,733	5,947	380	320	N/A
	Macoupin	10,733	8,576	4,450	1,361	6,178	142	2,964	0	830	624	N/A
	Mason	3,589	2,772	1,422	392	2,007	31	940	3,589	315	249	N/A
	Menard	2,233	1,645	819	256	1,265	12	582	0	120	90	N/A
	Montgomery	6,513	5,215	2,754	826	3,787	65	1,899	6,513	695	522	N/A
	Morgan	7,331	5,707	2,919	850	4,305	212	2,134	7,331	570	434	N/A
	Sangamon	33,156	25,524	12,607	3,475	19,629	2,129	9,799	0	2,425	1,796	N/A
	Scott	1,197	915	462	141	682	8	363	1,197	80	54	N/A
	<b>PSA Total</b>	<b>88,517</b>	<b>68,987</b>	<b>34,956</b>	<b>10,075</b>	<b>51,737</b>	<b>2,893</b>	<b>25,500</b>	<b>38,326</b>	<b>6,855</b>	<b>5,190</b>	<b>0</b>

## 2000 CENSUS INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
<b>PSA 08</b>	Bond	3,330	2,595	1,280	357	1,868	121	894	0	250	209	N/A
	Clinton	6,573	5,131	2,400	637	3,756	112	1,741	0	370	292	N/A
	Madison	47,660	36,923	17,657	4,569	27,831	2,656	13,123	0	3,425	2,564	N/A
	Monroe	4,816	3,701	1,703	491	2,789	38	1,129	0	280	241	N/A
	Randolph	6,631	5,292	2,772	833	3,875	167	1,845	6,631	500	411	N/A
	St. Clair	42,998	33,709	15,860	4,169	25,605	9,443	11,607	0	3,995	3,098	N/A
	Washington	3,260	2,537	1,341	354	1,810	45	873	3,260	250	205	N/A
	<b>PSA Total</b>	<b>115,268</b>	<b>89,888</b>	<b>43,013</b>	<b>11,410</b>	<b>67,534</b>	<b>12,582</b>	<b>31,212</b>	<b>9,891</b>	<b>9,070</b>	<b>7,020</b>	<b>0</b>
<b>PSA 09</b>	Clay	3,494	2,792	1,519	475	2,073	37	973	3,494	415	309	N/A
	Effingham	6,124	4,767	2,409	720	3,554	32	1,734	6,124	430	315	N/A
	Fayette	4,430	3,464	1,720	483	2,526	50	1,268	4,430	485	384	N/A
	Jefferson	7,856	6,130	3,179	838	4,534	361	2,294	7,856	935	683	N/A
	Marion	8,879	6,925	3,659	1,110	5,232	361	2,534	8,879	690	541	N/A
	<b>PSA Total</b>	<b>30,783</b>	<b>24,078</b>	<b>12,486</b>	<b>3,626</b>	<b>17,919</b>	<b>841</b>	<b>8,803</b>	<b>30,783</b>	<b>2,955</b>	<b>2,232</b>	<b>0</b>

## 2000 CENSUS INFORMATION BY PLANNING & SERVICE AREA

PSA	County Name	60+ Pop	65+ Pop	75+ Pop	85+ Pop	60+ Women	60+ Minority	60+ Live Alone	60+ Rural	60+ Poverty	65+ Poverty	75+ Poverty
PSA 10	Crawford	4,363	3,397	1,657	465	2,517	58	1,240	4,363	335	270	N/A
	Edwards	1,649	1,290	665	160	954	10	484	1,649	135	109	N/A
	Hamilton	2,114	1,655	855	240	1,220	23	621	2,114	195	147	N/A
	Jasper	2,117	1,667	874	240	1,203	15	585	2,117	175	163	N/A
	Lawrence	3,894	3,113	1,672	571	2,298	60	1,087	3,894	310	227	N/A
	Richland	3,668	2,842	1,421	441	2,114	40	1,038	3,668	225	191	N/A
	Wabash	2,765	2,197	1,116	328	1,617	29	802	2,765	250	195	N/A
	Wayne	4,105	3,218	1,646	470	2,390	28	1,196	4,105	400	330	N/A
	White	4,020	3,205	1,721	553	2,328	45	1,210	4,020	355	285	N/A
	<b>PSA Total</b>	<b>28,695</b>	<b>22,584</b>	<b>11,627</b>	<b>3,468</b>	<b>16,641</b>	<b>308</b>	<b>8,263</b>	<b>28,695</b>	<b>2,380</b>	<b>1,917</b>	<b>0</b>





**Illinois Department on Aging**

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